

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Falkville Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10 West 3rd Street Falkville, AL 35622	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0580 Level of Harm - Actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21055</p> <p>Based on interviews, record review and review of facility policies titled, Pain Management and Assessment, Incidents and Accidents, Change in Medical Condition of Residents, and review of a facility form titled Pain Assessment, the facility failed to ensure:</p> <ol style="list-style-type: none"> 1) Resident Identifier (RI) #14's physician was notified when RI #14 exhibited facial grimaces when moved on 11/26/2023; and continued to exhibit facial grimaces and complained of pain on 11/27/2024, 2) RI #14's physician was notified when RI #14 did not have a physician's order for pain management; and 3) RI #14's family was notified when RI #14 was ordered x-rays on 11/27/2024 after complaining of pain. <p>This deficient practice affected RI #14, one of five residents sampled for falls.</p> <p>This deficiency was cited as a result of the investigation of complaint/report #AL00046832.</p> <p>Findings include:</p> <p>RI #14 was originally admitted to the facility on [DATE] and readmitted on [DATE].</p> <p>RI #14's I am at risk for pain care plan, with a start date of 11/03/2021, revealed the following intervention:</p> <p>. Observe for worsening of pain symptom and notify physician of changes .</p> <p>Review of a facility policy titled, Pain Management and Assessment, with an effective date of 06/01/2023, revealed the following:</p> <p>PROCESS: .</p> <p>III. Pain Management .</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>b) If the residents pain is not controlled by the current treatment regimen, the physician should be notified .</p> <p>Another facility policy titled, Incidents and Accidents, with an effective date of 01/17/2024, revealed the following:</p> <p>. PROCESS:</p> <p>I. Handling Accident Occurrences .</p> <p>e) Notify family of . orders for care .</p> <p>A third facility policy titled, Change in Medical Condition of Residents, with an effective date of 01/22/2024, revealed the following:</p> <p>. PURPOSE:</p> <p>To keep the physician, who is in charge of medical care . informed of the residents medical condition so they may direct the plan of care needed.</p> <p>STANDARD:</p> <p>Notification of the physician . should occur promptly, according to federal regulations, when there is a change in the resident condition .</p> <p>Examples of a change in condition may include: . New pain .</p> <p>An undated facility form titled Pain Assessment revealed the following:</p> <p>Symptoms of pain .</p> <p>Facial grimacing .</p> <p>On 04/27/2024 at 8:44 AM, a telephone was conducted with the family of RI #14. RI #14's family member said no one at the facility told her RI #14 was having X-rays on 11/27/2023.</p> <p>On 04/28/2024 at 9:09 AM, a telephone interview was conducted with Licensed Practical Nurse (LPN) #10, the LPN providing care for RI #14 on 11/27/2023. LPN #10 said it would be important to notify the family of any new order because the family needed to know anything going on with the resident's care, changes in their health or any new order. LPN #10 said the evidence the family had been notified should be put in the Progress Notes.</p> <p>On 04/27/2024 at 10:22 AM, a telephone interview was conducted with LPN #17. LPN #17 said the evidence the family had been notified of X-rays to be ordered would be in the Progress Notes. LPN #17 said it would be important to notify the family of any new order because the family needed to know what is happening with the resident.</p> <p>(continued on next page)</p>

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<p>F 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/28/2024 at 10:14 AM, an interview was conducted with the Director of Nursing (DON). The DON said RI #14's physician should have been notified when RI #14 exhibited symptoms of pain.</p> <p>On 04/27/2023 at 5:48 PM, a telephone interview was conducted with RI #14's physician. RI #14's physician said he would expect to be notified about a resident having pain and having nothing ordered for the pain. RI #14's physician said anytime he was notified about anything, the nurse would document that in the resident's Progress Note.</p> <p>A review of RI #14's Progress Notes revealed the following:</p> <p>. 11/26/2023 13:53 (1:53 PM) . Note Text: Resident was noted with bruising on top of left knee area and behind the knee . facial grimacing when leg was moved .</p> <p>11/27/2023 18:18 (6:18 PM) . Note Text: Resident has noted bruising on top of left knee area and behind the knee with back thigh bruising . (he/she) does have facial grimacing when turning to right side. Resident yells and complains of pain when turned to left side about (his/her) right hip. Also has bruising to left abdominal area including pelvic area. Supervisor notified X-ray of left and right hip and legs ordered .</p> <p>There was no evidence in RI #14's Progress Notes RI #14's physician was notified when RI #1 exhibited facial grimaces on 11/26/2023. On 11/27/2023 RI #14 continued to exhibit facial grimaces and began to complain of pain. On 11/27/2023 RI #14's physician was notified of the complaint of pain and RI #14 not having any pain medication orders. RI #14's family was notified of the order for X-rays to be obtained on 11/27/2023.</p> <p>The facility took immediate action:</p> <p>On 11/23/2023 resident sustained a fall. At the time of the fall the resident had no injuries or no complaints of pain. Family was notified of the fall.</p> <p>Nurse Practitioner (NP) assessed resident on 11/23/23 with no new concerns noted.</p> <p>On 11/26/2023 nurses noted facial grimacing during care. Nurse did not notify MD with new onset of pain.</p> <p>On 11/27/2023, the resident was noted with increased pain and bruising to her right hip area and left knee area. Facility failed to notify the family on the change in condition on the resident.</p> <p>On 11/27/2023 an x-ray was obtained and that revealed a right hip fracture and a left distal femur fracture. The MD was notified of the results and the resident was sent to the ER for evaluation. Sister was notified of resident transfer to hospital.</p> <p>On 12/06/2023, emergency QAPI and staff education completed.</p> <p>12/13/2023 No new concerns noted regarding documenting and notifying medical providers of changes in resident conditions, pain assessments, EMAR orders for pain assessments, providing notifications for new onset of pain and or/ineffective pain medication regimen.</p> <p>(continued on next page)</p>		

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F 0580 Level of Harm - Actual harm Residents Affected - Few	<p>Ongoing review of the residents' medical records to ensure there are no concerns with pain assessments, pain management, notification of family and need to notify families are discussed in daily clinical meetings.</p> <p>*****</p> <p>After review and verification of the information provided in the facility's corrective action plan, in-service education records, monitoring tools, as well as staff interviews, the survey team determined the facility implemented corrective actions from 12/06/2023 through 12/13/2023 with ongoing monitoring implemented; thus, past noncompliance was cited.</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48195</p> <p>Based on interviews, record review, review of a facility policy titled Abuse, Neglect Misappropriation of Resident Property, Suspicious Injuries of Unknown Source, Exploitation , and review of a third-party complaint received by the Alabama Department of Public Health, the facility failed to protect the residents' right to be free from sexual and verbal abuse by a resident.</p> <p>The facility failed to implement protective measures and provide supervision to residents on the Memory Care Secured Unit (MCSU) after identifying Resident Identifier (RI) #13, a resident with dementia, was exhibiting sexual inappropriate behaviors towards other residents. No residents on the MCSU had been assessed for the capacity to consent to sexual activity.</p> <p>RI #13's medical record indicated his/her behaviors began to escalate on [DATE] when RI #13's behavior was noted to have worsened after he/she entered residents' rooms, disrobed in public, and made public sexual acts including a note that documented Resident has inappropriate sexual behaviors towards . residents. Resident rubbing, grabbing, and verbal sexual behaviors increasingly worse. RI #13 continued to have sexual behaviors on [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]. The facility did not report or investigate the incidents and did not implement protective measures to protect other residents.</p> <p>On [DATE] RI #13 was noted touching RI #19's upper thigh while in RI #13's room. On [DATE] the Administrator used a questionnaire and made decision that RI #13 and RI #19 had consented to sexual contact. The questionnaire was completed without facility policy to support its use and without any other guidelines to complete or interpret the questionnaire to ensure an accurate determination of the residents' capacity to consent to sexual contact was made.</p> <p>On [DATE] the medical record documented that RI #13 was noted in a female resident's room making sexual comments.</p> <p>Using the Reasonable Person Concept, it was determined the facility's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or serious psychosocial harm to residents. The Immediate Jeopardy (IJ) was related to State Operations Manual, Appendix PP, 483.12 Freedom from Abuse, Neglect, and Exploitation at a scope and severity of K.</p> <p>On [DATE] at 3:40 PM, the Director of Nursing (DON), the Executive [NAME] President of Operations (EVPO), the [NAME] President of Operations (VPO), the Regional Director of Health Services (RDHS), the Corporate Case Management Nurse (CCMN), the Registered Nurse (RN) Clinical Nurse Educator (CNE) and the Administrator in Training (AIT) were provided a copy of the Immediate Jeopardy (IJ) template and notified of the finding of immediate jeopardy; substandard quality of care in the area of Freedom from Abuse, Neglect, and Exploitation at F600- Free from Abuse and Neglect.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The IJ began on [DATE] and continued until [DATE] when the survey team verified onsite that corrective actions had been implemented. On [DATE] the immediate jeopardy was removed, F 600 was lowered to the lower severity of no actual harm with a potential for more than minimal harm that was not immediate jeopardy, to allow the facility time to monitor and/or revise their corrective actions as necessary to achieve substantial compliance.</p> <p>These failures affected RI #13, RI #19, and RI #21 and had the potential to affect all residents residing on the facility's MCSU.</p> <p>This deficiency was cited as the result of the investigation of complaint/report #AL00046795.</p> <p>Findings include:</p> <p>Cross-Reference F 607, F 609, F 610, and F 835.</p> <p>On [DATE], the State Agency received complaint/report #AL00046795 that alleged the following:</p> <p>. resident (RI #13) sexually assaulted a demented resident but it was not reported .</p> <p>Review of facility's policy titled Abuse, Neglect Misappropriation of Resident Property, Suspicious Injuries of Unknown Source, Exploitation, with an effective date of [DATE] revealed the following:</p> <p>. PURPOSE: .</p> <p>All of our residents have the right to be free from abuse .</p> <p>For purpose of this Policy, the following terms shall have the following meanings:</p> <p>A. Abuse. The definition of abuse encompasses a broad scope of behavior . Any act considered abusive towards an alert oriented resident should also be considered abusive to the cognitively impaired or nonresponsive .</p> <p>The following are definitions of specific types of abuse:</p> <p>1. Verbal- Verbal abuse is the use of oral, written or gestured communication or sounds that include disparaging and derogatory terms to residents .</p> <p>2. Sexual- Sexual abuse, is a non-consensual sexual contact of any type with a resident and includes, but not limited to, sexual harassment, sexual coercion, or sexual assault. Sexual contact may be considered non-consensual: if the resident . lacks the cognitive ability to consent . Sexual contact can include touching of breasts, genitalia, groin, inner thighs .</p> <p>The policy did not indicate when, how, or by whom a determination of capacity to make sexual decisions was made.</p> <p>RI #13 was admitted on [DATE] with a diagnosis Vascular Dementia, Unspecified Severity with Other Behavioral Disturbance.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>RI #13 was discharged to a community hospital on [DATE] for evaluation due to groping female staff and making sexually inappropriate comments to staff and peers.</p> <p>RI #13's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [DATE] indicated RI #13's Brief Interview for Mental Status (BIMS) score was 12 of 15, which indicated moderately impaired cognition.</p> <p>RI #13's Significant Change MDS with an ARD of [DATE] noted RI #13's BIMS score was ,d+[DATE] which indicated moderate cognitive impairment.</p> <p>RI #13's Progress Notes revealed the following:</p> <p>. [DATE] 13:22 (1:22 PM) Type: Behavior Note</p> <p>Note Text: Speech therapist . was doing residents eval (evaluation). Resident got in her face, grabbed her face, tried to kiss her and would not let her go . documented by Licensed Practical Nurse (LPN) #8.</p> <p>. [DATE] 07:14 (7:14 AM) Type: Nursing Note</p> <p>Note Text: Resident having increased sexual behaviors. Having erections while watching children visiting family members, trying to get resident into room alone with (him/her), and speaking inappropriate language. Resident not easily directed and increased anxiety with excitement . documented by LPN #10.</p> <p>. [DATE] 19:40 (7:40 PM) Type: Behavior Note</p> <p>Note Text: Resident has inappropriate sexual behaviors towards . residents. Resident rubbing, grabbing, and verbal sexual behaviors increasingly worse. Resident has been redirected multiple times. Resident is putting other residents at risk for sexual attacks or physical violence as (he/she) has in the past. Resident going in and out of rooms of female residents with inappropriate behaviors . Supervisor notified . documented by LPN #10.</p> <p>XXX[DATE] . BIMS Summary Score: 3 . documented by the Social Services Director.</p> <p>. [DATE] 06:27 (6:27 AM) Type: Behavior Note</p> <p>Note Text: Resident got up around 0400 (4:00 AM). Resident talking inappropriate words and behavior with female residents . Resident redirected in chair in front of nursing desk. Resident looking at other residents growling, snarling . documented by LPN #10.</p> <p>. [DATE] 07:44 (7:44 AM) Type: Behavior Note</p> <p>Note Text: Resident continues to make sexual comments and actions toward . female residents . Resident was holding another resident around the waist while he/she was bending over. Resident redirected and female resident assisted to chair and given a snack to separate them. Resident laughs when we tell (him/her) (he/she) is being inappropriate. Supervisor notified . documented by LPN #10.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>. [DATE] 17:00 (5:00 PM) Type: Nursing Note</p> <p>LATE ENTRY</p> <p>Note Text: PER MED TECH AND CNA (RI #13) PERSUADED (RI #19) INTO (HIS/HER) ROOM. CLOSED THE DOOR BEHIND THEM. MED TECH AND CNA FOUND (RI #19) ON (RI #13's) BED HAVING AN INAPPROPRIATE CONVERSATION AND INAPPROPRIATELY TOUCHING (RI #19's) UPPER THIGH. (RI #13) WAS ATTEMPTED TO BE REDIRECTED AND WAS HOSTILE WITH STAFF WITH (HIS/HER) LANGUAGE WHILE TRYING TO REMOVE (RI #19) FROM (HIS/HER) ROOM . documented by LPN #26.</p> <p>. [DATE] 11:44 (11:44 AM) Type: Nursing Note</p> <p>Note Text: WENT TO CHECK IN ON RESIDENT DUE TO RESIDENT NOT BEING IN (HIS/HER) ROOM OR AROUND NURSES STATION. FOUND RESIDENT SITTING IN THE WHEELCHAIR OF A FEMALE RESIDENTS ROOM. UPON ARRIVING AT THE DOORWAY OF FEMALE RESIDENTS ROOM, (RI #13) STATED I WANT PUSSY . documented by LPN #26.</p> <p>RI #13's Behavior Monitoring and Interventions Report revealed on:</p> <p>[DATE], RI #13 was observed displaying Public Sexual Acts. On [DATE]; RI #13 was observed displaying Public Sexual Acts. On [DATE], [DATE] and [DATE], RI #13 was observed Disrobing in Public, Entering Other Resident's Room/Personal Space, and displaying Public Sexual Acts.</p> <p>RI #19 was admitted to the facility on [DATE] and readmitted to the facility [DATE] with a diagnosis of Dementia with Other Behavior Disturbance.</p> <p>RI #19's Quarterly MDS assessment with an ARD of [DATE] indicated that RI #19 had BIMS of 04 of 15 which indicated severely impaired cognition.</p> <p>RI #21 was admitted to the facility on [DATE] with a diagnosis of Dementia, Severe with Agitation. RI #21 expired on [DATE].</p> <p>RI #21's Significant Change MDS with an ARD of [DATE] indicated RI #21 had a BIMS of 0 of 15 which indicated severely impaired cognition.</p> <p>An interview with Certified Nursing Assistant (CNA) #23 on [DATE] at 8:03 PM. CNA #23 said an incident occurred last year, 2023, in RI #13's room involving RI #13 and a unnamed female resident on the MCSU which was reported to the supervisor. CNA #23 said the incident occurred around 5:30 PM while delivering RI #13's dinner. CNA #23 observed that RI #13's door was closed. CNA #23 opened the door and saw a resident of opposite sex sitting on RI #13's bed. The resident was wearing an adult brief and nightdress. The resident's bare legs were positioned in the air as if he/she was in a stirrup. When CNA #23 entered the room, RI #13 was standing in front of the bed. CNA #23 said RI #13 jumped and quickly moved his/her hand when the door was opened. CNA #23 said she thought the incident was sexual abuse and she reported the incident to the nurse. CNA #23 could not recall the other resident's name; however, she stated confidently that it was not RI #19. CNA #23 stated the resident had severe memory deficits and had since passed away.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview was conducted on [DATE] at 10:00 AM with CNA #25. CNA #25 said last year CNA #23 told she walked in RI #13's room and caught RI #13 trying to rub between RI #21's legs. CNA #25 said that RI #21 was ambulatory and very demented.</p> <p>An interview was conducted on [DATE] at 9:10 AM with Licensed Practical Nurse (LPN) #10 regarding the incidents she documented in RI #13's medical record on [DATE], [DATE] and [DATE]. LPN #10 said she notified the Administrator and DON of each incident. LPN #10 was asked if these incidents would be considered abusive, and she said yes, because the residents were unable to report what was happening. LPN #10 said all the residents who resided on the MCSU were vulnerable.</p> <p>On [DATE] at 2:53 PM, LPN #8 (Nurse Manager) was interviewed. LPN #8 said she was made aware of the [DATE] incident on [DATE] and was told the incident had been reported to the Administrator and the the State Agency. LPN #8 said she assumed everything had been handled. LPN #8 said she had heard there was an incident involving RI #13 and RI #21.</p> <p>On [DATE] at 2:15 PM a follow-up interview with LPN #8 was conducted. She said a resident with dementia who was in need for supervision for safety reasons met criteria for placement on the MCSU. LPN #8 said the residents on the MCSU were considered vulnerable, and unable to make their own decisions or express themselves about a situation.</p> <p>During an interview on [DATE] at 10:35 AM the Director of Nursing (DON) reviewed the incidents involving RI #13 on [DATE], [DATE] and [DATE]. The DON said these incidents involving RI #13 and other female residents would be considered sexual abuse. The DON said she was not notified of the incidents, but absolutely should have been. The DON said the incidents should have been investigated, but there were no investigations into the incidents. The DON said based on the documentation residents were at risk.</p> <p>On [DATE] at 4:13 PM, an interview was conducted with the RDHS. When asked how were incidents communicated or reported, the RDHS said the process was to review the Progress Notes daily at the morning meetings. The RDHS said this should have prompted the facility to complete an investigation. The RDHS said it would be important for the administrative staff to be aware of incidents so investigations could be done and followed-up on.</p> <p>On [DATE] at 12:39 PM, an interview was conducted with the VPO. The VPO said to his knowledge the ADM and the DON were in charge of completing investigations at the facility. The VPO said according to his review of the [DATE] and [DATE] incidents involving RI #13, an investigation should have been done to determine which residents RI #13 was making those statements. The VPO said the facility could have done a better job in looking into the incidents.</p> <p>On [DATE] at 6:03 PM the DON was asked given what was known about RI #13's sexual behaviors, (grabbing, rubbing, making vulgar sexual remarks), how would a reasonable person feel in a similar situation; the DON said uncomfortable, startled and unsafe.</p> <p>During an interview on [DATE] at 10:35 AM (Social Service Designee) SSD was asked given what was known about RI #13 sexual behaviors of grabbing, rubbing, making vulgar sexual remarks, how would a reasonable person feel if in a similar situation. The SSD said upset and unsafe.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 3:00 PM an interview was conducted with RI #19's Representative (RI #19's REP). RI #19's REP said it was not OK for RI #19 to be in a resident of the opposite sex's room. RI #19's REP said RI #19 would not have been aware of the ramifications of his/her decision and that he/she had been unable to make decisions for himself/herself since [DATE]. RI #19's REP said it definitely would not have been OK for them to have been in a room hanky-panky around.</p> <p>*****</p> <p>On [DATE] the facility submitted an acceptable removal plan, which documented:</p> <p>1. Immediate action(s) taken for the resident(s) found to have been potentially affected include:</p> <p>A. The facility failed to implement protective measures and provide supervision to residents on the Memory Care Secured Unit (MCSU) after identifying RI #13, a male resident with dementia, was exhibiting sexual inappropriate behaviors towards staff and other residents. No residents on the MCSU were properly assessed for the capacity to consent to sexual activity.</p> <p>B. This male resident was discharged from the facility on [DATE]. Therefore, no longer a threat to female residents on the second floor.</p> <p>C. VP of Operations and Regional Nurse Consultant provided 1:1 in-service education to Administrator and DON regarding ensuring residents are kept safe from all types of abuse and neglect. This in-service was completed on [DATE], and no concerns were noted.</p> <p>D. Abuse policy was updated on [DATE] and [DATE] to include (When any resident expresses the desire to engage in sexual activity. Refer to the supplemental questions for determination of capacity related to sexual decisions. This will be completed by Administrator and Director of Nursing. If it is determined that residents have the capacity to consent it will be referred to the facility Medical Director and member of the ethics committee for final determination. This final determination will be documented in the medical record)</p> <p>2. Identification of other residents having the potential to be affected:</p> <p>A. This had the potential to affect all female residents that resided on the facilities second floor dementia unit. No other issues noted.</p> <p>B. Progress notes all residents from [DATE], to [DATE], were reviewed by the Regional Nurse Consultant, Clinical Nurse educator, and case manager to ensure that no abuse allegations have gone unreported. No incidents or issues noted in these notes. This review of note was completed on [DATE].</p> <p>C. All residents on the Memory Care unit were interviewed and/or assessed by the Memory Care Unit Manager on [DATE] to verify that no resident was exhibiting any sexually inappropriate behavior, nor had any complaints or verbalized any allegations of abuse. No residents were engaging in sexual behaviors. However, if residents desire to engage in sexual activity refer to the supplemental questionnaire for determination of capacity related to sexual decisions. This will be completed by the Administrator and Director of Nursing. If it is determined that residents have the capacity to consent it will be referred to the facility Medical Director and member of the ethics committee for final determination. The final determination will be documented in the medical record.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Falkville Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10 West 3rd Street Falkville, AL 35622	
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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>3. Actions taken/systems to be put into place to reduce the risk of future occurrences include:</p> <p>A. VP of Operations and Regional Nurse Consultant provided 1:1 in-service education to Administrator and DON regarding updated abuse policy. This was completed on [DATE]. The facilities abuse policy has always included that all residents have the right to be free from abuse, identification of abuse, and immediately protecting residents when abuse is suspected. ON [DATE] the administrator and don were in-serviced on (When any resident expresses the desire to engage in sexual activity. Refer to the supplemental questions for determination of capacity related to sexual decisions. This will be completed by Administrator and Director of Nursing. If it is determined that residents have the capacity to consent it will be referred to the facility Medical Director and member of the ethics committee for final determination. This final determination will be documented in the medical record)</p> <p>B. Education was completed with all staff on [DATE] regarding the abuse policy. The facilities abuse policy has always included that all residents have the right free from abuse, identification of abuse, and immediately protecting residents when abuse is suspected. New hires will be educated on the new revision of the abuse policy.</p> <p>C. DON/Designee completed an audit to ensure they were not aware of any other allegations of abuse; this was completed by questionnaire. This was completed on [DATE]. No issues were identified.</p> <p>D. [DATE] Emergency QAPI meeting was held with all key personnel (Administrator, Director of Nursing, Regional Director of Health services, [NAME] President of Operations, RN Infection Control and medical director). Facility discussed ensuring residents are kept safe from all types of abuse and neglect. This was done by educating staff on who to report abuse to, when to report abuse and what to report.</p> <p>E. There are no residents known to the facility to be consented and engaging in current sexual activity. Any sexual activity will be reported immediately. In the event that the Administrator and DON are unavailable, the activity will be reported immediately to a member of the Ethics Committee to complete the assessment for the capacity to consent.</p> <p>Facility requests for IJ removal plan to be effective on [DATE].</p> <p>This plan was written by VP of Operations, Director of Health Services, Clinical Nurse Educator, Executive VP of Operations</p> <p>*****</p> <p>After review of the information provided in the facility's Removal Plan, in-service/education records, as well as staff interviews, and observations, the survey team determined the facility implemented the immediate corrective actions as of [DATE].</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48195</p> <p>Based on interviews, medical record reviews, review of a facility policy titled, Abuse, Neglect, Misappropriation of Resident Property, Suspicious Injuries of Unknown Source, Exploitation, and documents titled SUPPLEMENTAL QUESTIONS FOR DETERMINATION OF CAPACITY RELATED TO SEXUAL DECISIONS the facility failed to ensure policies and protocols were established to prevent sexual abuse including a protocol to identify when, how, and by whom determinations of capacity to consent to a sexual contact would be made. Further the facility failed to ensure residents on the Memory Care Secured Unit (MCSU) were protected after allegations of sexual abuse were documented in Resident Identifier #13's medical record.</p> <p>RI #13 resided in the facility's MCSU. RI #13's medical record indicated he/she had a history of sexual behaviors which began to escalate on 01/03/2024. RI #13's medical record included documentation that on 01/03/2024 Resident has inappropriate sexual behaviors towards residents. Resident rubbing, grabbing, and verbal sexual behaviors increasingly worse. RI #13 continued to have sexual behaviors documented on 01/04/2024, 01/08/2024, 01/09/2024, 01/10/2024, 01/11/2024, and 01/12/2024.</p> <p>On 01/11/2024 RI #13 was noted touching RI #19's upper thigh while in RI #13's room. On 01/11/2024 the Administrator used a questionnaire as an assessment and made decision that RI #13 and RI #19 had consented to sexual contact. The assessment was completed without facility policy to support its use and without any other guidelines to complete or interpret the questionnaire to ensure an accurate determination of the residents' capacity to consent to sexual contact was made.</p> <p>The facility did not report, investigate, or implement protective measures to protect RI #19 and other residents from further sexual abuse.</p> <p>Using the Reasonable Person Concept, it was determined the facility's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or serious psychosocial harm to residents. The Immediate Jeopardy (IJ) was related to State Operations Manual, Appendix PP, 483.12 Freedom from Abuse, Neglect, and Exploitation at a scope and severity of K.</p> <p>On 05/01/2024 at 3:40 PM, the Director of Nursing (DON), the Executive [NAME] President of Operations (EVPO), the [NAME] President of Operations (VPO), the Regional Director of Health Services (RDHS), the Corporate Case Management Nurse (CCMN), the Registered Nurse (RN) Clinical Nurse Educator (CNE) and the Administrator in Training (AIT) were provided a copy of the Immediate Jeopardy (IJ) template and notified of the finding of immediate jeopardy and substandard quality of care in the area of Freedom from Abuse, Neglect, and Exploitation at F 607- Develop/Implement Abuse/Neglect, etc. Policies.</p> <p>The IJ began on 01/03/2024 and continued until 05/02/2024 when the facility the survey team verified onsite that corrective actions had been implemented. On 05/02/2024 the immediate jeopardy was removed, F 607 was lowered to the lower severity of no actual harm with a potential for more than minimal harm that was not immediate jeopardy, to allow the facility time to monitor and/or revise their corrective actions as necessary to achieve substantial compliance.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>These failures had the potential to affect all residents residing on the facility's MCSU.</p> <p>This deficiency was cited as the result of the investigation of complaint /report #AL00046795.</p> <p>Finding include:</p> <p>Cross-Reference F 600, F 609, F 610, and F 835.</p> <p>A review of facility policy titled Abuse, Neglect Misappropriation of Resident Property, Suspicious Injuries of Unknown Source, Exploitation dated of 07/26/2023 indicated,</p> <p>Purpose: . The facility policy strictly prohibits the abuse, neglect, exploitation and misappropriation of residents property .</p> <p>The following are definitions of specific types of abuse: .</p> <p>2. Sexual- Sexual abuse, is a non-consensual sexual contact of any type with a resident and includes, but not limited to, sexual harassment, sexual coercion, or sexual assault. Sexual contact may be considered non-consensual: if the resident either appears to want the contact to occur but lacks the cognitive ability to consent: or does not want the contact to occur. Determination of capacity cannot necessarily be based on a diagnosis alone .</p> <p>Sexual contact can include touching of . inner thighs, or buttocks with intent to cause sexual satisfaction or excitement to either person.</p> <p>Sexual harassment can include sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature .</p> <p>III. Prevention Policies and Procedures .</p> <p>c) If an instance of resident-on-resident . abuse occurs, the facility will take reasonable measures to help prevent a re-occurrence .</p> <p>d) The facility will make all reasonable efforts to minimize instances of abuse, but in cases where such an instance occurs, the facility will use the event as an opportunity to develop new interventions in an attempt to prevent a re-occurrence .</p> <p>IV. Identification of Resident Incidents .</p> <p>a) The facility's employees . may become aware if resident incidents . The facility will investigate all such incidents . regardless of how the facility became aware .</p> <p>d) Each employee has an obligation to immediately report any incident or allegation that could constitute an instance of abuse . to the Administrator, Director of Nursing or the supervisor. If report is made to the DON or supervisor, that individual will notify the administrator immediately .</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 04/25/2024 the facility provided an update of the facility policy titled Abuse, Neglect Misappropriation of Resident Property, Suspicious Injuries of Unknown Source, Exploitation with a revised date of 04/25/2024 which added the following for Sexual Abuse:</p> <p>. Refer to the supplemental questions or determination of capacity related to sexual decisions. Determination of capacity cannot necessarily be based on a diagnosis alone .</p> <p>RI #13 was admitted on [DATE] with a diagnosis Vascular Dementia, Unspecified Severity with Other Behavioral Disturbance.</p> <p>A review of RI #13's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/16/2023 noted a BIMS score of 08 of 15 which indicated moderate cognitive impairment.</p> <p>On 01/08/2024 the Social Services Director documented RI #13's BIMS as 3 of 15 which indicated severe cognitive deficits.</p> <p>RI #19 was admitted to the facility on [DATE] and readmitted to the facility 01/10/2024 with a diagnosis of Dementia with Other Behavior Disturbance.</p> <p>A review of RI #19's Quarterly MDS with an ARD of 11/27/2023 noted a BIMS score of 4/15 which indicated severe cognitive deficits.</p> <p>RI #13's Progress Notes revealed the following:</p> <p>. 01/03/2024 19:40 (7:40 PM) Type: Behavior Note</p> <p>Note Text: Resident has inappropriate sexual behaviors towards . residents. Resident rubbing, grabbing, and verbal sexual behaviors increasingly worse. Resident has been redirected multiple times. Resident is putting other residents at risk for sexual attacks or physical violence as (he/she) has in the past. Resident going in and out of rooms of female residents with inappropriate behaviors . Supervisor notified . documented by LPN #10.</p> <p>. 01/04/2024 06:27 (6:27 AM) Type: Behavior Note</p> <p>Note Text: Resident got up around 0400 (4:00 AM). Resident talking inappropriate words and behavior with female residents . Resident redirected in chair in front of nursing desk. Resident looking at other residents growling, snarling . documented by LPN #10.</p> <p>. 01/08/2024 07:44 (7:44 AM) Type: Behavior Note</p> <p>Note Text: Resident continues to make sexual comments and actions toward . female residents . Resident was holding another resident around the waist while she was bending over. Resident redirected and female resident assisted to chair and given a snack to separate them. Resident laughs when we tell (him/her) (he/she) is being inappropriate. Supervisor notified . documented by LPN #10.</p> <p>. 01/11/2024 17:00 (5:00 PM) Type: Nursing Note</p> <p>LATE ENTRY</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Note Text: PER MED TECH AND CNA (RI #13) PERSUADED (RI #19) INTO (HIS/HER) ROOM. CLOSED THE DOOR BEHIND THEM. MED TECH AND CNA FOUND (RI #19) ON (RI #13's) BED HAVING AN INAPPROPRIATE CONVERSATION AND INAPPROPRIATELY TOUCHING (RI #19's) UPPER THIGH. (RI #13) WAS ATTEMPTED TO BE REDIRECTED AND WAS HOSTILE WITH STAFF WITH (HIS/HER) LANGUAGE WHILE TRYING TO REMOVE (RI #19) FROM (HIS/HER) ROOM . documented by LPN #26.</p> <p>. 01/12/2024 11:44 (11:44 AM) Type: Nursing Note</p> <p>Note Text: WENT TO CHECK IN ON RESIDENT DUE TO RESIDENT NOT BEING IN (HIS/HER) ROOM OR AROUND NURSES STATION. FOUND RESIDENT SITTING IN THE WHEELCHAIR OF A FEMALE RESIDENTS ROOM. UPON ARRIVING AT THE DOORWAY OF FEMALE RESIDENTS ROOM, (RI #13) STATED I WANT PUSSY . documented by LPN #26.</p> <p>A review of an unsigned document with revised date of 10/10/2017 titled SUPPLEMENTAL QUESTIONS FOR DETERMINATION OF CAPACITY RELATED TO SEXUAL DECISIONS with RI #19's name written on top and date of 01/11/2024 documented:</p> <p>.Is the person aware that they can say no at any time and are they able to communicate this? Yes (handwritten)</p> <p>Does the person understand the nature of sexual acts, moral boundaries and the law? Yes (handwritten)</p> <p>Is the person free from any degree of fear, intimidation, coercion or pressure in relation to the sexual activity? Yes (handwritten)</p> <p>Does the relationship appear fairly balanced, with both people having a similar degree of power, control, and ability? Yes (handwritten)</p> <p>Do both people initiate contact? Yes, (he/she) follows (RI #13) and ask for (him/her) and goes into his/her room (handwritten)</p> <p>Do both people have a similar view of what is happening? Yes (handwritten)</p> <p>Has one person previously experienced abuse? No (handwritten)</p> <p>Has one person previously targeted vulnerable people for sexual activity? No (handwritten)</p> <p>Is there any evidence of grooming e.g. buying [NAME] gifts or seeking to isolate the person from sources of support? No (handwritten)</p> <p>Is the person supported with expressing his/her sexuality in a safe, and dignified way? Yes (handwritten)</p> <p>Is the person given privacy to express his/her sexuality? Yes (handwritten) .</p> <p>A review of an unsigned document with revised date of 10/10/2017 titled SUPPLEMENTAL QUESTIONS FOR DETERMINATION OF CAPACITY RELATED TO SEXUAL DECISIONS with RI #13's name written on top and date of 01/11/2024 documented:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Falkville Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10 West 3rd Street Falkville, AL 35622	

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>.Is the person aware that they can say no at any time and are they able to communicate this? Yes (handwritten)</p> <p>Does the person understand the nature of sexual acts, moral boundaries and the law? Yes (handwritten)</p> <p>Is the person free from any degree of fear, intimidation, coercion or pressure in relation to the sexual activity? Yes (handwritten)</p> <p>Does the relationship appear fairly balanced, with both people having a similar degree of power, control, and ability? Yes (handwritten)</p> <p>Do both people initiate contact? Yes, (RI #13 and RI #19) enjoy being together. They go into both rooms and hold hands and kiss at times (handwritten)</p> <p>Do both people have a similar view of what is happening? Yes (handwritten)</p> <p>Has one person previously experienced abuse? No (handwritten)</p> <p>Has one person previously targeted vulnerable people for sexual activity? No (handwritten)</p> <p>Is there any evidence of grooming e.g. buying [NAME] gifts or seeking to isolate the person from sources of support? No (handwritten)</p> <p>Is the person supported with expressing his/her sexuality in a safe, and dignified way? Yes (handwritten)</p> <p>Is the person given privacy to express his/her sexuality? Yes (handwritten) .</p> <p>On 04/27/2024 at 2:15 PM an interview was conducted with LPN #8, MCSU Manager. LPN #8 said all the residents residing on the MCSU had cognitive impairment and were vulnerable because they could not make their own decisions and can not express what was going on with their situation.</p> <p>On 04/26/2024 at 6:08 PM an initial interview was conducted with the Administrator (ADM) regarding facility incident on 01/11/2024 involving RI #13 and RI #19. The ADM said he/she was not notified of the incident on 01/11/2024 and was not sure why staff had not notified her. The ADM was asked who was the abuse coordinator. The ADM replied, she was the abuse coordinator. The ADM said RI #13 and RI #19 had a relationship and they were a couple. The ADM said the facility called RI #19's family who was happy he/she had found a companion. The ADM said an investigation was not conducted and safety measures were not developed because she did not think interventions were needed because the relationship was consensual.</p> <p>(continued on next page)</p>

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 04/27/2024 at 11:05 AM a follow-up interview was conducted with the ADM regarding the determination for capacity to consent to sexual decisions for RI #13 and RI #19. The ADM stated she completed the capacity to consent form on RI #13 and RI #19 on 01/11/2024. The ADM said the assessments were completed once she was notified that RI #13 and RI #19 had been seeking each other out and were showing interest in one another. The ADM said both RI #13 and RI #19 were very public with their affection, and they visited in each other's room. The ADM was asked how it was determined RI #13 had not previously targeted vulnerable people for sexual activity, and she said that she was not aware that RI #13 had made sexual remarks to peers.</p> <p>On 04/27/2024 at 1:22 PM a follow-up interview was conducted with the ADM who noted that residents on the MCSU were cognitively impaired, unable to determine safety awareness, and were considered vulnerable. The ADM said she was not notified of the incidents documented on 01/03/2024, 01/04/2024, or 01/08/2024. The ADM said she should have been notified of the incidents. The ADM was asked if the assessments completed on 01/11/2024 were accurate based on the documentation on 01/08/2024. The ADM replied, she would need more information on who the residents were that RI #13 was speaking to.</p> <p>On 04/27/2024 at 4:20 PM a follow-up interview was completed with the ADM. The ADM said the revised policy dated 04/25/2024 titled Abuse, Neglect Misappropriation of Resident Property, Suspicious Injuries of Unknown Source, Exploitation did not indicate when a determination of capacity to make sexual decisions was to be completed, how it was to be completed, who was to complete it, or where the document would be recorded. The ADM said the SUPPLEMENTAL QUESTIONS FOR DETERMINATION OF CAPACITY RELATED TO SEXUAL DECISIONS was uploaded into RI #13 and RI #19's chart; however, it was noted to not be uploaded.</p> <p>A telephone interview was conducted with Certified Registered Nurse Practitioner (CRNP) on 04/26/2024 at 12:20 PM. The CRNP was not aware of any resident in the MCSU that had been given consent to make sexual decisions, nor did he/she feel the residents on the MCSU would be considered capable to consent to make sexual decisions.</p> <p>On 04/30/2024 at 6:03 PM the DON was asked given what was known about RI #13's sexual behaviors, (grabbing, rubbing, making vulgar sexual remarks), how would a reasonable person feel in a similar situation; the DON said uncomfortable, startled and unsafe.</p> <p>During an interview on 05/01/2024 at 10:35 AM (Social Service Designee) SSD was asked given what was known about RI #13 sexual behaviors of grabbing, rubbing, making vulgar sexual remarks, how would a reasonable person feel if in a similar situation. The SSD said upset and unsafe.</p> <p>On 05/15/2024 at 3:00 PM an interview was conducted with RI #19's Representative (REP). RI #19's REP said back in early to mid-January RI #19 returned to the facility and was upset and crying most the time. RI #19's REP said the facility staff called her and told her that RI #19 and another resident, RI #13, had been sitting next to each other and were behaving like boyfriend/girlfriend. RI #19's REP said she told them she was OK with that. RI #19's REP said she was not provided any details and did not think the residents were being physically or sexually intimate based on what she was told. RI #19's REP said it would not have been OK with her for the residents to be in each other's room because RI #19 would not have been aware of the ramifications of her decisions. RI #19's REP said RI #19 had been unable to make decisions for himself/herself since November 2023. She added that it was OK if the two were together but would not be OK for them to be in a room together without supervision.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>*****</p> <p>F607 Removal Plan 5/1/24</p> <p>1. Immediate action(s) taken for the resident(s) found to have been potentially affected include:</p> <p>A. The facility failed to implement an abuse policy and procedure to protect residents on the Memory Care Secured Unit from abuse including affectionate physical touching, and verbal sexual statements made to female residents about their body parts. Abuse policy was instituted on 7/26/23.</p> <p>B. The facility further failed to develop and implement a policy and to ensure resident's capacity to consent to sexual contact prior to the Administrator deciding RI #19 and RI #13, residents residing on the MCSU, could consent to sexual contact on 01/11/2024.</p> <p>C. Abuse policy was updated on 4/25/24 and 5/1/24 to include (When any resident expresses the desire to engage in sexual activity. Refer to the supplemental questions for determination of capacity related to sexual decisions. This will be completed by Administrator and Director of Nursing. If it is determined that residents have the capacity to consent it will be referred to the facility Medical Director and member of the ethics committee for final determination. This final determination will be documented in the medical record).</p> <p>2. Identification of other residents having the potential to be affected.</p> <p>A. This had the potential to affect all residents on the memory care secured unit. No residents are engaging in sexual conduct currently. All residents on the Memory Care unit were interviewed and/or assessed by the Memory Care Unit Manager on 4/26/24 to verify that no resident was exhibiting any sexually inappropriate behavior, nor had any complaints or verbalized any allegations of abuse. No residents were engaging in sexual behaviors. However, if residents desire to engage in sexual activity refer to the supplemental questionnaire for determination of capacity related to sexual decisions. This will be completed by the Administrator and Director of Nursing. If it is determined that residents have the capacity to consent it will be referred to the facility Medical Director and member of the ethics committee for final determination. The final determination will be documented in the medical record.</p> <p>3. Actions taken/systems to be put into place to reduce the risk of future occurrences include:</p> <p>A. VP of Operations and Regional Nurse Consultant provided 1:1 in-service education to Administrator and DON regarding updated abuse policy. This was completed on 5/1/24. The facilities abuse policy has always included that all residents have the right free from abuse, identification of abuse, and immediately protecting residents when abuse is suspected and the seven components of abuse: screening, training, prevention, identification, reporting, protection and investigation. Residents will be assessed when they desire or display to engage in sexual activity.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Falkville Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10 West 3rd Street Falkville, AL 35622	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>B. Education was completed with all staff on 4/26/2024 regarding the abuse policy. The facilities abuse policy has always included that all residents have the right free from abuse, identification of abuse, an immediately protecting residents when abuse is suspected and the seven components of abuse: screening, training, prevention, identification, reporting, protection and investigation. Residents will be assessed when they desire or display to engage in sexual activity. New hires will be educated on the new revision of the abuse policy.</p> <p>C. 4/26/24 Emergency QAPI meeting was held with all key personnel (Administrator, Director of Nursing, Regional Director of Health services, [NAME] President of Operations, RN Infection Control and medical director). Facility discussed ensuring residents are kept safe from all types of abuse and neglect. This was done by educating staff on who to report abuse to, when to report abuse and what to report.</p> <p>D. There are no residents known to the facility to be consented and engaging in current sexual activity. Any sexual activity will be reported immediately. In the event that the Administrator and DON are unavailable, the activity will be reported immediately to a member of the Ethics Committee to complete the assessment for the capacity to consent.</p> <p>Facility requests for IJ removal plan to be effective on 5/1/24.</p> <p>This plan was written by VP of Operations, Director of Health services, Clinical Nurse Educator, Executive VP of Operations</p> <p>*****</p> <p>*****</p> <p>After review of the information provided in the facility's Removal Plan, in-service/education records, as well as staff interviews, and observations, the survey team determined the facility implemented the immediate corrective actions as of 05/01/2024.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
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<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21055</p> <p>Based on interviews, record review and review of a facility policy titled, Abuse, Neglect, Misappropriation of Resident Property, Suspicious Injuries of Unknown Source, Exploitation, the facility failed to immediately report incidents of suspected abuse by Resident Identifier (RI) #13 to the Administrator (ADM) which resulted in failure of the facility to investigate and protect residents residing on the Memory Care Secured Unit (MCSU).</p> <p>On 01/03/2024, RI #13 exhibited inappropriate sexual behavior toward residents; on 01/04/2024, RI #13 had behavior of talking inappropriate with female residents; on 01/08/2024, RI #13 continued to make sexual comments and actions towards female residents; on 01/11/2024, RI #13 was observed touching a female resident's upper thigh; on 01/12/2024 RI #13 entered a female resident's room making sexual comments.</p> <p>The facility further failed to report to the State Agency when RI #13 rubbed RI #19's upper thigh on 01/11/2024.</p> <p>It was determined the facility's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death to residents. The Immediate Jeopardy (IJ) was related to State Operations Manual, Appendix PP, 483.12 Freedom from Abuse, Neglect, and Exploitation at a scope and severity of K.</p> <p>On 05/01/2024 at 3:40 PM, the Director of Nursing (DON), the Executive [NAME] President of Operations (EVPO), the [NAME] President of Operations (VPO), the Regional Director of Health Services (RDHS), the Corporate Case Management Nurse (CCMN), the Registered Nurse (RN) Clinical Nurse Educator (CNE) and the Administrator in Training (AIT) were provided a copy of the Immediate Jeopardy (IJ) template and notified of the finding of immediate jeopardy and substandard quality of care in the area of Freedom from Abuse, Neglect, and Exploitation at F 609- Reporting of Alleged Violations.</p> <p>The IJ began on 01/03/2024 and continued until 05/02/2024 when the survey team verified onsite that corrective actions had been implemented. On 05/02/2024 the immediate jeopardy was removed, F 609 was lowered to the lower severity of no actual harm with a potential for more than minimal harm that was not immediate jeopardy, to allow the facility time to monitor and/or revise their corrective actions as necessary to achieve substantial compliance.</p> <p>These failures had the potential to affect all residents residing on the facility's MCSU.</p> <p>This deficiency was cited as the result of the investigation of complaint /report #AL00046795.</p> <p>Findings include:</p> <p>Cross-reference F 600, F 607, F 610, and F 835.</p> <p>(continued on next page)</p>

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<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the facility's abuse policy titled, Abuse, Neglect, Misappropriation of Resident Property, Suspicious Injuries of Unknown Source, Exploitation, with an effective date of 07/26/2023, revealed the following:</p> <p>. PURPOSE: .</p> <p>Certain incidents . involving residents must also be reported to the appropriate state agencies. All of our residents have the right to be free from abuse .</p> <p>The following are definitions of specific types of abuse: .</p> <p>2. Sexual- Sexual abuse, is a non-consensual sexual contact of any type with a resident . Any sexual contact between residents if one or both lacks ability to consent .</p> <p>Sexual contact can include touching of breasts, genitalia, groin, inner thighs .</p> <p>IV. Identification of Resident Incidents .</p> <p>VI. d) Each employee has an obligation to immediately report any incident or allegation that could constitute an instance of abuse . to the Administrator, Director of Nursing, or the supervisor. If the report is made to the DON or the supervisor, that individual will notify the Administrator immediately. The employee should follow-up with the supervisor to confirm it has been addressed .</p> <p>Immediately means as soon as possible. All residents should be protected at the moment that any of the above is suspected or witnessed from the alleged perpetrator, by whatever reasonable means is necessary. Any staff member that witnessed, suspect, or that is reported to, are personally obligated to initiate protection and report to supervisor immediately .</p> <p>VI. Investigations and Facility Response to Incidents .</p> <p>a) The facility will report all instances of alleged or suspected abuse . in the following manner:</p> <p>b) . Reporting Steps</p> <p>Notify the Administrator of any unusual situation in the facility, whether reportable or not immediately.</p> <p>The Administrator/designee in administrator absence will report to the State Agency and all other required agencies, per regulations. All allegations of abuse . must be reported within 2 hours .</p> <p>On 01/23/2024, the State Agency received a complaint that alleged the following:</p> <p>. resident (RI #13) sexually assaulted a demented resident, but it was not reported .</p> <p>RI #13 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses to include Cognitive Communication Deficit, Unspecified Dementia and Anxiety Disorder.</p> <p>RI #13's Progress Notes revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>. 01/03/2024 19:40 (7:40 PM) Type: Behavior Note</p> <p>Note Text: Resident has inappropriate sexual behaviors towards . residents. Resident rubbing, grabbing, and verbal sexual behaviors increasingly worse. Resident has been redirected multiple times. Resident is putting other residents at risk for sexual attacks or physical violence as (he/she) has in the past. Resident going in and out of rooms of female residents with inappropriate behaviors . Supervisor notified . documented by LPN #10.</p> <p>. 01/04/2024 06:27 (6:27 AM) Type: Behavior Note</p> <p>Note Text: Resident got up around 0400 (4:00 AM). Resident talking inappropriate words and behavior with female residents . Resident redirected in chair in front of nursing desk. Resident looking at other residents growling, snarling . documented by LPN #10.</p> <p>. 01/08/2024 07:44 (7:44 AM) Type: Behavior Note</p> <p>Note Text: Resident continues to make sexual comments and actions toward . female residents . Resident was holding another resident around the waist while she was bending over. Resident redirected and female resident assisted to chair and given a snack to separate them. Resident laughs when we tell (him/her) (he/she) is being inappropriate. Supervisor notified . documented by LPN #10.</p> <p>. 01/11/2024 17:00 (5:00 PM) Type: Nursing Note</p> <p>LATE ENTRY</p> <p>Note Text: PER MED TECH AND CNA (RI #13) PERSUADED (RI #19) INTO (HIS/HER) ROOM. CLOSED THE DOOR BEHIND THEM. MED TECH AND CNA FOUND (RI #19) ON (RI #13's) BED HAVING AN INAPPROPRIATE CONVERSATION AND INAPPROPRIATELY TOUCHING (RI #19's) UPPER THIGH. (RI #13) WAS ATTEMPTED TO BE REDIRECTED AND WAS HOSTILE WITH STAFF WITH (HIS/HER) LANGUAGE WHILE TRYING TO REMOVE (RI #19) FROM (HIS/HER) ROOM . documented by LPN #26.</p> <p>. 01/12/2024 11:44 (11:44 AM) Type: Nursing Note</p> <p>Note Text: WENT TO CHECK IN ON RESIDENT DUE TO RESIDENT NOT BEING IN (HIS/HER) ROOM OR AROUND NURSES STATION. FOUND RESIDENT SITTING IN THE WHEELCHAIR OF A FEMALE RESIDENTS ROOM. UPON ARRIVING AT THE DOORWAY OF FEMALE RESIDENTS ROOM, (RI #13) STATED I WANT PUSSY . documented by LPN #26.</p> <p>On 04/28/2024 at 9:10AM, a telephone interview was conducted with the Licensed Practical Nurse (LPN) #10, who provided care to RI #13 on 01/03/2024, 01/04/2024 and 01/08/2024. LPN #10 said each time RI #13 had an inappropriate behavior she reported it to the DON and the ADM.</p> <p>On 04/25/2024 at 7:02 PM, a telephone interview was conducted with former staff, LPN #26. LPN #26 said RI #13 had a lot of inappropriate sexual behaviors. LPN #26 said RI #13 would walk into female residents' rooms and had been observed touching female residents on their shoulders. When asked who was the 01/11/2024 incident involving RI #13 rubbing a female resident on the upper thigh reported to, LPN #26 said to the supervisor who was usually the LPN second floor supervisor.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 04/26/2024 at 2:53 PM, an interview was conducted with LPN #8. The staff member said RI #13 made a lot of sexual comments to female residents. LPN #8 said the day after the 01/11/2024 incident, it was being said the incident had already been reported to the ADM on the night it happened. LPN #8 said abuse was to be reported immediately to the DON and Administrator (ADM); and the timeframe to report abuse to the State Agency was within two hours of the occurrence. LPN #8 said the importance of reporting abuse was for resident safety.</p> <p>On 04/26/2024 at 10:47 AM, an interview was conducted with the DON. When asked was the incident reported to her when RI #13 touched RI #19 inappropriately, the DON said no; and it should have been. The DON said she should have been notified so she could have put interventions in place and informed the correct people. The DON said she would consider the inappropriate touching of a female resident was sexual abuse and should be reported to the State Agency. When asked, when were incidents of abuse to be reported to the State Agency, the DON said within two hours.</p> <p>On 04/27/2024 at 1:22 PM, an interview was conducted with the ADM. The ADM said the 01/03/2024, 01/04/2024 and 01/08/2024 incidents involving RI #13 were never reported to her. The ADM said the facility's abuse policy said abuse should be reported to her within two hours. The ADM further said the timeframe for reporting abuse to the State Agency was two hours. The surveyor asked the ADM, on RI #13's Progress Note where it documented the supervisor was notified, who would that be. The ADM said the second floor supervisor, the DON or herself.</p> <p>On 04/26/2024 at 6:08 PM an interview was conducted with the ADM. The ADM said she was not notified of the incident on 01/11/2024 when RI #13 was noted touching RI #19's upper thigh.</p> <p>*****</p> <p>On 05/02/2024 at 6:19 PM, the facility submitted an acceptable removal plan, which documented:</p> <p>F609 Removal Plan 5/1/24</p> <p>1. Immediate action(s) taken for the resident(s) found to have been potentially affected include:</p> <p>A. The facility failed to immediately report incidents of suspected abuse by RI #13 to the Administrator which resulted in failure of the Administrator to investigate and protect female residents residing on the Memory Care Secured Unit (MCSU).</p> <p>B. According to the facility's abuse policy facility staff must immediately report to the Administrator any incident or allegation that could constitute an instance of abuse. The staff is to immediately protect or safeguard the resident in question and any other residents at potential risk of the alleged abuse. The administrator is to report to ADPH the allegation of suspected abuse or neglect within 2 hours of being notified and complete the investigation within 5 business days.</p> <p>C. VP of Operations and Regional Nurse Consultant provided 1:1 in-service education to Administrator and DON regarding reporting abuse and investigating according to F-609. This includes safeguarding the identified residents at risk for abuse or potential for abuse and reporting to ADPH according to the reporting guidelines from ADPH. This inservice was completed on 4/25/24, and no concerns were noted.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>2. Identification of other residents having the potential to be affected:</p> <p>This had the potential to affect all residents. Progress notes on all residents from December 12, 2023, to April 26, 2024, were reviewed by the Regional Nurse Consultant, Clinical Nurse educator, and case manager to ensure that no sexual abuse allegations have gone unreported. No incidents or issues noted in these notes. This review of notes were completed on 4/26/24.</p> <p>3. Actions taken/systems to be put into place to reduce the risk of future occurrences include:</p> <p>A. Education was completed with (62 staff members in person and 71 staff members via telephone this was completed on 4/26/24); Education was completed when to report, who to report and what to report. According to the facilities abuse policy it has always been for facility staff to report immediately any suspected allegation of abuse to the administrator. New hires will be educated on the new revision of the abuse policy.</p> <p>B. DON/Designee completed an audit with staff (62 staff members in person and 71 staff members via telephone this was completed on 4/26/24); Education was completed on abuse policy, when to report, who to report and what to report. According to the facilities abuse policy it has always been for facility staff to report immediately any suspected allegation of abuse to the administrator. Also, to ensure they were not aware of any other allegations of abuse; this was completed by questionnaire. This was completed on 4/26/24. No issues were identified.</p> <p>C. 4/26/24 Emergency QAPI meeting was held with all key personnel (Administrator, Director of Nursing, Regional Director of Health services, [NAME] President of Operations, RN Infection Control and medical director). Facility discussed ensuring residents are kept safe from all types of abuse and neglect. This was done by educating staff on who to report abuse to, when to report abuse and what to report.</p> <p>D. There are no residents known to the facility to be consented and engaging in current sexual activity. Any sexual activity will be reported immediately. In the event that the Administrator and DON are unavailable, the activity will be reported immediately to a member of the Ethics Committee to complete the assessment for the capacity to consent.</p> <p>Facility requests for IJ removal plan to be effective on 5/1/24.</p> <p>This plan was written by VP of Operations, Director of Health Services, Clinical Nurse Educator, Executive VP of Operations.</p> <p>*****</p> <p>After review of the information provided in the facility's Removal Plan, in-service/education records, as well as staff interviews, and observations, the survey team determined the facility implemented the immediate corrective actions as of 05/01/2024.</p>

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21055</p> <p>Based on interviews, record review and review of facility policies titled, Abuse, Neglect, Misappropriation of Resident Property, Suspicious Injuries of Unknown Source, Exploitation and Incidents and Accidents, the facility failed to thoroughly investigate incidents of abuse by Resident Identifier (RI) #13 to prevent further occurrences.</p> <p>Per RI #13's medical record, on 01/03/2024, RI #13 exhibited inappropriate sexual behavior toward residents; on 01/04/2024, RI #13 had behavior of talking inappropriate with female residents; on 01/08/2024, RI #13 continued to make sexual comments and actions towards female residents; on 01/11/2024, RI #13 was observed touching a female resident's thigh; on 01/12/2024 RI #13 entered a female resident's room making sexual comments.</p> <p>Licensed Practical Nurse (LPN) #10 reported she reported the 01/03/2024 and 01/08/2024 incidents to the ADM; but there was no evidence the ADM investigated the incidents.</p> <p>It was determined the facility's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or death. The Immediate Jeopardy (IJ) was related to State Operations Manual, Appendix PP, 483.12 Freedom from Abuse, Neglect, and Exploitation at a scope and severity of K.</p> <p>On 05/01/2024 at 3:40 PM, the Director of Nursing, the Executive [NAME] President of Operations, the [NAME] President of Operations, the Regional Director of Health Services, the Corporate Case Management Nurse, the Registered Nurse (RN) Clinical Nurse Educator and the Administrator in Training were provided a copy of the Immediate Jeopardy (IJ) template and notified of the finding of immediate jeopardy; substandard quality of care in the area of Freedom from Abuse, Neglect, and Exploitation at F 610- Investigate/Prevent/Correct Alleged Violations.</p> <p>The IJ began on 01/03/2024 and continued until 05/02/2024 when the survey team verified onsite that corrective actions had been implemented. On 05/02/2024 the immediate jeopardy was removed, F 610 was lowered to the lower severity of no actual harm with a potential for more than minimal harm that was not immediate jeopardy, to allow the facility time to monitor and/or revise their corrective actions as necessary to achieve substantial compliance.</p> <p>These failures had the potential to affect all residents residing on the facility's MCSU.</p> <p>This deficiency was cited as the result of the investigation of complaint /report #AL00046795.</p> <p>Findings include:</p> <p>Cross-Reference F 600, F 607, F 609, and F 835.</p> <p>Review of the facility's abuse policy titled, Abuse, Neglect, Misappropriation of Resident Property, Suspicious Injuries of Unknown Source, Exploitation, with an effective date of 07/26/2023, revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>. PURPOSE:</p> <p>This policy is concerned with all incidents . involving residents. The facility will investigate and document all incidents . involving residents .</p> <p>The investigation protocol for incidents . is set forth in Section VI of this Policy .</p> <p>For purpose of this Policy, the following terms shall have the following meanings:</p> <p>A. Abuse. The definition of abuse encompasses a broad scope of behavior . Any act considered abusive towards an alert oriented resident should also be considered abusive to the cognitively impaired or nonresponsive .</p> <p>IV. Identification of Resident Incidents .</p> <p>a) The facility's employees . may become aware of resident incidents . The facility will investigate all incidents or allegations regardless of how the facility became aware of the incident or the source of the allegation .</p> <p>VI. Investigations and Facility Response to Incidents .</p> <p>b) Investigation . Steps</p> <p>Notify the Administrator or any unusual situation in the facility, whether reportable or not immediately .</p> <p>Immediately consider and put into place interventions to protect the resident(s) involved .</p> <p>The Administrator is responsible for conducting a thorough investigation and obtaining witness statements</p> <p>A complete and thorough investigation [NAME] be conducted on all incidents . whether reportable or not . to determine the cause of the . incident .</p> <p>A facility policy titled, Incidents and Accidents, with an effective date of 01/17/2024, revealed the following:</p> <p>. STANDARD:</p> <p>An incident is an occurrence that may not be consistent with the routine operation of the facility .</p> <p>PROCESS: .</p> <p>II. Documentation .</p> <p>b) An Incident/Accident report should be completed.</p> <p>(continued on next page)</p>

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>c) Develop a brief investigation plan including obvious interviewees, questions to be asked and information to be gathered .</p> <p>RI #13 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses to include Cognitive Communication Deficit, Unspecified Dementia and Anxiety Disorder.</p> <p>A review of RI #13's Progress Notes revealed the following:</p> <p>. 01/03/2024 19:40 (7:40 PM) Type: Behavior Note</p> <p>Note Text: Resident has inappropriate sexual behaviors towards . residents. Resident rubbing, grabbing, and verbal sexual behaviors increasingly worse. Resident has been redirected multiple times. Resident is putting other residents at risk for sexual attacks or physical violence as (he/she) has in the past. Resident going in and out of rooms of female residents with inappropriate behaviors . Supervisor notified . documented by LPN #10.</p> <p>. 01/04/2024 06:27 (6:27 AM) Type: Behavior Note</p> <p>Note Text: Resident got up around 0400 (4:00 AM). Resident talking inappropriate words and behavior with female residents . documented by LPN #10.</p> <p>. 01/08/2024 07:44 (7:44 AM) Type: Behavior Note</p> <p>Note Text: Resident continues to make sexual comments and actions toward . female residents . Resident was holding another resident around the waist while she was bending over. Resident redirected and female resident assisted to chair and given a snack to separate them. Resident laughs when we tell (him/her) (he/she) is being inappropriate. Supervisor notified . documented by LPN #10.</p> <p>On 04/28/2024 at 9:10 AM, a telephone interview was conducted with the Licensed Practical Nurse (LPN) #10, who documented the Progress Notes for the 01/03/2024, 01/04/2023 and 01/08/2023 incidents involving RI #13. LPN #10 said every time an incident like these occurred, she would report it to the DON and ADM. When asked would she consider the incident's involving RI #13 abuse, LPN #10 said yes because she felt the female residents could not tell what was happening.</p> <p>On 04/27/2024 at 1:22 PM, an interview was conducted with the ADM. The ADM said she was not made aware of the incidents that occurred on 01/03/2024, 01/04/2024, or 01/08/2024. The ADM said she should have been made aware and she was not sure why she had not been made aware of the incidents. When asked if the incidents should have prompted an investigation, the ADM said yes. The ADM said any type of allegation of abuse would prompt a need for an investigation.</p> <p>On 04/28/2024 at 10:35 AM, an interview was conducted with the DON. The DON said she was told about the nurses note involving the incident with RI #13 on 01/03/2024, was not aware of the 01/04/2024 incident, and did not have specifics about the incident on 01/08/2024. The DON said she should have absolutely been notified of the incidents so she could make a judgment call on how to proceed with the situations. The DON said these incidents should have prompted an investigation; and investigations had not been completed. When asked did she feel other female residents were put at risk (from RI #13's behaviors), the DON said there was a potential risk.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Falkville Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10 West 3rd Street Falkville, AL 35622	
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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Further review of RI #13's Progress Notes revealed the following:</p> <p>. 01/11/2024 17:00 (5:00 PM) Type: Behavior Note</p> <p>Note Text: PER MED TECH AND CNA (RI #13) PERSUADED (RI #19) INTO (HIS/HER) ROOM. (RI #13) CLOSED THE DOOR BEHIND THEM. MED TECH AND CNA FOUND (RI #19) ON (RI #13's) BED HAVING AN INAPPROPRIATE CONVERSATION AND INAPPROPRIATELY TOUCHING (RI #19's) UPPER THIGH. (RI #13) WAS ATTEMPTED TO BE REDIRECTED AND WAS HOSTILE WITH STAFF WITH HIS LANGUAGE WHILE TRYNG TO REMOVE (RI #19) FROM (HIS/HER) ROOM . documented by LPN #26.</p> <p>01/12/2024 11:44 (11:44 AM) Type: Behavior Note</p> <p>Note Text: WENT TO CHECK IN ON RESIDENT DUE TO RESIDENT NOT BEING IN (HIS/HER) ROOM OR AROUND NURSES STATION. FOUND RESIDENT SITTING IN THE WHEELCHAIR OF FEMALE RESIDENTS ROOM. UPON ARRIVING AT THE DOORWAY FEMALE RESIDENTS ROOM, (RI #13) STATED I WANT SOME PUSSY. (RI #13) WAS REDIRECTED AND REMOVED FROM FEMALE RESENTS ROOM . documented by LPN #26.</p> <p>On 04/25/2024 at 7:02 PM an interview was conducted with LPN #26. During the interview, LPN #26 said what she documented on 01/11/2024 was what the CNAs had reported to her. LPN #26 said she reported the incident to her supervisor.</p> <p>On 04/26/2024 at 1:44 PM, an interview was conducted with the Social Service Director (SSD). The SSD said behavior notes were reviewed weekly, but she was not aware of the incident where it was documented RI #13 touched RI #19 inappropriately on 01/11/2024. The SSD said this incident could be viewed as sexual and it would have been important to report the incident to the Administrator so it could be investigated. When asked if the incident was investigated, the SSD said she did not know.</p> <p>On 04/28/2024 at 4:13 PM, an interview was conducted with the RDHS. When asked how were incidents communicated or reported, the RDHS said the process was to daily review the Progress Notes at the morning meetings. The RDHS said this should have prompted the facility to complete an investigation. The RDHS said it would be important for the administrative staff to be aware of incidents so investigations could be done and followed-up on.</p> <p>On 04/30/2024 at 12:39 PM, an interview was conducted with the VPO. The VPO said to his knowledge the ADM and the DON were in charge of completing investigations at the facility. The VPO said according to his review of the 01/03/2023 and 01/04/2023 incidents involving RI #13, an investigation should have been done to determine who the residents were that RI #13 was making those statement to. The VPO said the facility could have done a better job in looking into the incidents.</p> <p>*****</p> <p>On 05/02/2024 at 6:19 PM, the facility submitted an acceptable removal plan, which documented:</p> <p>F610 Removal Plan 5/1/24</p> <p>1. Immediate action(s) taken for the resident(s) found to have been potentially affected include</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A. The Administrator failed to thoroughly investigate incidents of abuse by RI #13 to prevent further occurrences.</p> <p>According to the facility's abuse policy the Administrator is responsible for conducting a thorough investigation of all allegations of abuse.</p> <p>B. VP of Operations and Regional Nurse Consultant provided 1:1 in-service education to Administrator and DON regarding investigating abuse allegations. Administrator and Don were instructed on when to initiate an abuse investigation and how the investigation will be conducted and reviewed. This was completed on 4/25/24.</p> <p>2. Identification of other residents having the potential to be affected:</p> <p>A. This had the potential to affect all female residents that resided on the facilities second floor dementia unit.</p> <p>B. Progress notes on all residents from December 12, 2023, to April 26, 2024, were reviewed by the Regional Nurse Consultant, Clinical Nurse educator, and case manager to ensure that no sexual abuse allegations have gone unreported. No incidents or issues noted in these notes. This review was completed on 4/26/24.</p> <p>C. All residents on the Memory Care unit were interviewed and/or assessed by the Memory Care Unit Manager on 4/26/24 to verify that no resident was exhibiting any sexually inappropriate behavior, nor had any complaints or verbalized any allegations of abuse. No residents were engaging in sexual behaviors. However, if residents desire to engage in sexual activity refer to the supplemental questionnaire for determination of capacity related to sexual decisions. This will be completed by the Administrator and Director of Nursing. If it is determined that residents have the capacity to consent it will be referred to the facility Medical Director and member of the ethics committee for final determination. The final determination will be documented in the medical record.</p> <p>3. Actions taken/systems to be put into place to reduce the risk of future occurrences include:</p> <p>A. VP of Operations and Regional Nurse Consultant provided 1:1 in-service education to Administrator and DON regarding investigating abuse allegations. This was completed on 4/25/24.</p> <p>B. DON/Designee completed an audit with staff (62 staff members in person and 71 staff members via telephone this was completed on 4/26/24) to ensure staff were made aware of what to report, when to report and who to report to. This is to ensure the administrator could complete a thorough investigation. This was completed by questionnaire. This was completed on 4/26/24. No issues were identified.</p> <p>C. 4/26/24 Emergency QAPI meeting was held with all key personnel (Administrator, Director of Nursing, Regional Director of Health services, [NAME] President of Operations, RN Infection Control and medical director). QAPI Discussed RI#13 and the incident surrounding this incident Discussed in QAPI, Administrator would investigate thoroughly all allegations of abuse timely, investigate immediately by way of staff interviews, resident medical records, and will be reviewed by Director of Health Services and/or VP of Operations before submitting.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>D. At the time of the emergency QAPI, RI#13 had been discharged from the facility.</p> <p>Facility requests for IJ removal plan to be effective on 5/1/24. This plan was written by VP of Operations, Director of Health Services, Clinical Nurse Educator, Executive VP of Operations.</p> <p>*****</p> <p>After review of the information provided in the facility's Removal Plan, in-service/education records, as well as staff interviews, and observations, the survey team determined the facility implemented the immediate corrective actions as of 05/01/2024.</p>

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21055</p> <p>Based on interviews, record review and review of a facility policy titled, Pain Management and Assessment, the facility failed to ensure Resident Identifier (RI) #14's pain was assessed on a daily basis, especially after RI #14 fell on [DATE]. According to the facility's policy, an ongoing assessment of pain utilizing either a numerical scale of 0-10 or a verbal descriptor scale should be conducted daily and documented on the Medication Administration Record (MAR). Upon review of RI #14's MAR, there was no evidence RI #14's pain was being assessed daily; nor was there a physician's order for pain management.</p> <p>The facility further failed to medicate RI #14 for his/her complaint of pain. According to a facility form titled, Pain Assessment, facial grimacing was considered to be a symptom of pain. and on 11/26/2023, three days after RI #1 fell, RI #14 exhibited facial grimaces when his/her leg was moved; and exhibited more facial grimacing and began to complain of pain when turned to the left side on 11/27/2023. RI #14 was never medicated for the facial grimacing and complaint of pain; and on 11/27/2023, X-rays were obtained revealing RI #14 had a fracture of the right hip and left and right femurs. RI #14 was transferred to the hospital for treatment of the fractures.</p> <p>This deficient practice affected RI #14, one of five residents sampled for falls.</p> <p>This deficiency was cited as a result of the investigation of complaint/report #AL00046832.</p> <p>Findings include:</p> <p>RI #14 was originally admitted to the facility on [DATE] and readmitted on [DATE].</p> <p>RI #14's I am at risk for pain care plan, with a start date of 11/03/2021, revealed the following interventions:</p> <p>. Observe for worsening of pain symptoms and notify physician of changes . Assess pain daily using 1-10 scale .</p> <p>Review of the facility policy titled, Pain Management and Assessment, with an effective date of 06/01/2023, revealed the following:</p> <p>PURPOSE:</p> <p>The detection of the presence of pain, determining the frequency and intensity of pain, and identification of effective pain management interventions can help to avoid adverse outcomes that impact the residents functional status and quality of life.</p> <p>STANDARD: .</p> <p>An on-going assessment of pain utilizing either a numeric scale of 0-10 or a verbal descriptor scale will be conducted daily and with evidence of new or worsening pain .</p> <p>(continued on next page)</p>

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>PROCESS:</p> <p>I. General Information</p> <p>a) Pain is any type of physical pain or discomfort in any part of the body. It may be localized to one area or may be more generalized. It may be acute or chronic, continuous or intermittent, or occur at rest or with movement. Pain is very subjective, pain is whatever the experiencing person says it is and exists whenever he or she says it does.</p> <p>b) Pain can cause suffering .</p> <p>II. On-going Pain Assessment .</p> <p>d) If a person is unable to communicate pain symptoms, the nurse should use staff assessment observation. This assessment is based on behavior that indicate pain, such as non verbal sounds, facial expressions, and protective body movements.</p> <p>e) Document Pain (1-10), or use verbal descriptors scale, or staff observation for documentation on MAR .</p> <p>III. Pain Management .</p> <p>b) If the resident's pain is not controlled by the current treatment regimen, the physician should be notified .</p> <p>An undated facility form titled Pain Assessment revealed the following:</p> <p>Symptoms of pain .</p> <p>Facial grimacing .</p> <p>Painful Conditions in Long-Term Care Residents .Fractures .</p> <p>A review of RI #14's Progress Notes revealed the following:</p> <p>. 11/23/2023 02:00 (2:00 AM) . Note Text: At approximately 1:30AM, the resident was heard calling out for help. Upon entering the room, the resident was observed to be sitting in the floor beside (his/her) bed. Resident stated that (he/she) was trying to get up . documented by the Director of Nursing (DON).</p> <p>. 11/26/2023 13:53 (1:53 PM) . Note Text: Resident was noted with bruising on top of left knee area and behind the knee . some facial grimacing when leg was moved . documented by LPN #21.</p> <p>. 11/27/2023 18:18 (6:18 PM) . Note Text: Resident has noted bruising on top of left knee area and behind the knee with back thigh bruising . (he/she) does have facial grimacing when turning to right side. Resident yells and complains of pain when turned to left side about (his/her) right hip. Also has bruising to left abdominal area including pelvic area. Supervisor notified X-ray of left and right hip and legs ordered . documented by LPN #10.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>. 11/27/2023 23:31 (11:31 PM) . Note Text: Resident being transferred to (name of hospital) For Right Hip Fracture and Left Femur Fracture . documented by LPN #17.</p> <p>RI #14's November 2023 eMAR (electronic Medication Administration Record) indicated no evidence that RI #14 was not being assessed for pain on a daily basis and RI #14 did not have anything ordered for pain management.</p> <p>A review of RI #14's Radiology report revealed the following:</p> <p>. DATE OF EXAM: 11/27/2023</p> <p>HISTORY: Post Fall</p> <p>SIGNIFICANT FINDINGS</p> <p>BIHIP & (and) PELVIS .</p> <p>Exam: . Displaced subcapital femoral neck fracture involving the right hip with fractures involving the intertrochanteric region also .</p> <p>IMPRESSION:</p> <p>Comminuted fracture involving the proximal right femur .</p> <p>LEFT FEMUR .</p> <p>Exam: Left femur . Acute displaced oblique fracture the distal femur extending into the intercondylar region .</p> <p>IMPRESSION:</p> <p>Acute displaced fracture distal femur .</p> <p>RIGHT FEMUR .</p> <p>Exam: Right femur . Communicated fracture involving the intertrochanteric region with the displaced subcapital femoral neck fracture .</p> <p>IMPRESSION:</p> <p>Comminuted proximal femur fracture .</p> <p>(continued on next page)</p>

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/28/2024 at 9:09 AM, a telephone interview was conducted with Licensed Practical Nurse (LPN) #10, the LPN providing care for RI #14 on 11/27/2023. The surveyor shared with LPN #10, when reviewing RI #14's Progress Notes dated 11/27/2023, RI #14 was yelling and complaining of pain when turned to his/her left side. When asked should RI #14 have been administered something for pain at that time, LPN #10 said yes. LPN #10 said the evidence RI #14 received something for his/her pain was the resident's MAR. LPN #10 said pain assessments were completed on the residents every shift, and the evidence a pain assessment had been completed was also the MAR. LPN #10 said it was important to complete a pain assessment on a resident every shift to be sure there was no pain. LPN #10 said sometimes the resident cannot tell staff that they were in pain, but staff could tell they were because of their facial grimaces.</p> <p>On 04/27/2024 at 10:22 AM, a telephone interview was conducted with LPN #17, the LPN assigned to care for RI #14 on 11/22/2023, 11/25/2023, 11/26/2023 and 11/27/2023 on the 7 PM to 7 AM shift. LPN #17 said it was important to complete a pain assessment on a resident to determine if the resident was in pain.</p> <p>There was no evidence on RI #14's MAR or in RI #14's Progress Notes that LPN #17 had assessed RI #14 for pain on 11/25/2023 or 11/27/2023.</p> <p>On 04/27/2024 at 10:48 AM, a telephone interview was conducted with LPN #18, the LPN assigned to care for RI #14 on 11/24/2023 and 11/25/2023 on the 7 AM to 7 PM shift. LPN #18 said it was important to complete a pain assessment on a resident because staff needed to know the resident's pain levels every day to make sure they were not in pain, and if they were in pain, staff would get the resident pain medication as needed.</p> <p>There was no evidence on RI #14's MAR or in RI #14's Progress Note that LPN #18 had assessed RI #14 for pain on 11/24/2023 or 11/25/2023.</p> <p>On 04/27/2024 at 11:36 AM, a telephone interview was conducted with LPN #19, the LPN assigned to care for RI #14 on 11/27/2023 on the 7 AM to 7 PM shift. LPN #19 said pain assessments were completed on the residents every shift. LPN #19 said it was important to complete a pain assessment on a resident to know if the resident was in pain. LPN #19 said the evidence a pain assessment had been completed on the resident would be on the resident's MAR.</p> <p>There was no evidence on RI #14's MAR that LPN #19 had assessed RI #14 for pain on 11/27/2023.</p> <p>On 04/29/2024 at 5:04 PM, a telephone interview was conducted with LPN #20, the LPN assigned to care for RI #14 on 11/23/2023, 11/24/2023 and 11/25/2023 on the 7 PM to 7 AM shift. LPN #20 said pain assessments were done on the residents every shift and the resident is asked between 1-10 what was their pain level. LPN #20 said it was important to complete a pain assessment on a resident to see if the resident needed something for pain. LPN #20 said the evidence a pain assessment had been completed on the resident would be on the resident's MAR.</p> <p>There was no evidence on RI #14's MAR where LPN #20 had assessed RI #14 for pain on 11/23/2023, 11/24/2023 or 11/25/2023.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/27/2024 at 2:33 PM, a telephone interview was conducted with LPN #21 who documented that RI #14 was noted to have bruising on top of his/her left knee and behind the knee; and facial grimaces when RI #14's leg was moved on 11/26/2023. LPN #21 said the evidence RI #14 had been administered anything for his/her pain would be on the RI #14's MAR. LPN #21 said it would be important to complete a pain assessment on a resident to make sure the resident was not in pain.</p> <p>On 04/28/2024 at 10:14 AM, an interview was conducted with the Director of Nursing (DON). The DON said pain assessments were completed on the residents every shift and the evidence this was being completed would be on the resident's MAR. The DON said according to RI #14's MAR, there were no continuous pain assessment completed on RI #14 after RI #14 fell on [DATE]. The DON said looking at RI #14's Progress Notes, it was documented RI #14 exhibited signs of pain on 11/26/2023 and 11/27/2023. The DON said looking at RI #14's MAR, RI #14 did not receive anything for his/her pain at those times; nor was RI #14 prescribed anything for his/her pain. When asked, when should the doctor have been notified RI #14 was exhibiting symptoms of pain, the DON said when the symptoms were observed. The DON said it was important to complete pain assessments on RI #14, especially after the fall on 11/23/2023, to observe for any injuries that may have occurred after the fall. When asked should the nursing staff have contacted the physician to get RI #14 something ordered for pain, the DON said yes.</p> <p>On 04/27/2023 at 5:48 PM, a telephone interview was conducted with RI #14's physician. RI #14's physician said he would have expected to be notified about a resident having pain and having nothing ordered for the pain.</p> <p>On 04/26/2024 at 4:42 PM, an interview was conducted with the Administrator (ADM). When asked how often were pain assessments completed on the residents, the ADM said every shift. The ADM said the evidence a pain assessment had been completed on the resident would be on the resident's MAR. The ADM said looking at RI #14's November 2023 eMAR, pain assessments were not being completed on RI #14. The ADM said it would be important to complete a pain assessment on a resident each shift to make sure that the resident's pain was managed appropriately. The surveyor asked the ADM, when RI #14's 11/27/2023 X-rays revealed he/she had a fractured hip and femur, what did the facility determine the injuries were from. The ADM said the fall that RI #14 had on 11/23/2023.</p> <p>*****</p> <p>The facility took immediate action:</p> <p>On 11/23/2023 resident sustained a fall. At the time of the fall the resident had no injuries or no complaints of pain. Family was notified of the fall.</p> <p>NP assessed resident on 11/23/23 with no new concerns noted.</p> <p>On 11/26/2023 nurses noted facial grimacing during care. Nurse did not notify MD with new onset of pain.</p> <p>On 11/27/2023, the resident was noted with increased pain and bruising to her right hip area and left knee area. Facility failed to notify the family on the change in condition on the resident.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/27/2023 an x-ray was obtained and that revealed a right hip fracture and a left distal femur fracture. The MD was notified of the results and the resident was sent to the ER for evaluation. Sister was notified of resident transfer to hospital.</p> <p>On 12/06/2023, emergency QAPI and staff education completed.</p> <p>12/13/2023 No new concerns noted regarding documenting and notifying medical providers of changes in resident conditions, pain assessments, EMAR orders for pain assessments, provide notifications for new onset of pain and or/ineffective pain medication regimen.</p> <p>Ongoing review of the residents' medical records to ensure there are no concerns with pain assessments, pain management, notification of family and need to notify families are discussed in daily clinical meetings.</p> <p>*****</p> <p>After review and verification of the information provided in the facility's corrective action plan, in-service education records, monitoring tools, as well as staff interviews, the survey team determined the facility implemented corrective actions from 12/06/2023 through 12/13/2023 with ongoing monitoring implemented; thus, past noncompliance was cited.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Falkville Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10 West 3rd Street Falkville, AL 35622	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20304</p> <p>Based on observation, interview, the facility's Diet Type Report, the facility's Supper menus for 2023-2024 Fall/Winter, Week 3 on Wednesday and Thursday, and the facility's policies for Menus and Adequate Nutrition and Nourishment; the facility failed to ensure 6-ounce portions of Pureed Lasagna were served to residents receiving a Pureed Diet for Supper on 04/24/2024 and the facility further failed to ensure 3-ounce portions of hot dog meat were served to residents receiving Regular, Mechanical Soft, and Pureed diets for Supper on 04/25/2024.</p> <p>This had the potential to affect all residents receiving meals from the facility's kitchen, 84 of 84 residents.</p> <p>This tag is a result of the investigation for Complaint/report #AL00047631.</p> <p>Findings include:</p> <p>The facility's menus for 2023 - 2024 Fall/Winter, Week 3 were signed by the facility's Registered Dietitian and included the following:</p> <p>Wednesday, Supper</p> <p>6 oz (ounces) Lasagna Italian Style for the Regular and Low Concentrated Sweet diets</p> <p>6 oz Gr. (Ground) Italian Style Lasagna for the Mechanical Soft diets</p> <p>6 oz Pur (Pureed) Italian Style Lasagna for the Puree diets</p> <p>Thursday, Supper</p> <p>3 oz / bun Hot Dog with Bun for the Regular and Low Concentrated Sweet diets</p> <p>3 oz Gr Hot Dog/Bun for the Mechanical Soft diets</p> <p>5 oz Pur Hot Dog for the Puree diets</p> <p>The facility's policy for Menus and Adequate Nutrition, dated 02/20/2024, included the following:</p> <p>. Purpose:</p> <p>. to assure menus are developed and prepared to meet resident choices including their nutritional . needs, while using established guidelines.</p> <p>Process:</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>1. The facility will ensure that menus meet the nutritional needs of residents in accordance with established national guidelines.</p> <p>a. The facility maintains access to current national guidelines (American Diabetes Association, Academy of Nutrition and Dietetics, USDA [United States Department of Agriculture] Dietary Guidelines for Americans).</p> <p>7. The facility's dietitian or other clinically qualified nutrition professional will review all menus for nutritional adequacy and approve the menus .</p> <p>The facility's policy for Nourishment, dated 02/20/2024, included the following:</p> <p>. Purpose:</p> <p>The facility should provide nourishing, palatable meals to meet the nutritional needs of the residents based on the Recommended Daily Allowances (RDA) of the Food and Nutrition Board of the National Research Council, of the National Academy of Sciences .</p> <p>Process:</p> <p>1. Menus will be planned to meet basic nutritional needs .</p> <p>4. Menus should have portions stated in ounces, and/or measurements.</p> <p>7. Menus will be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy.</p> <p>The facility's Diet Type Report, dated 04/24/2024, revealed 84 residents were receiving meals from the facility's kitchen. The diet textures provided for the 84 residents included Regular, Mechanical Soft, and Pureed.</p> <p>On Wednesday, 04/24/2024 at 5:40 PM, the resident tray line for Supper was observed. The AM Cook, who was serving hot foods on the tray line, used a #6 scoop (6-ounce portion) to serve the Italian Style Lasagna for the Regular and Mechanical Soft textured diets. The Pureed texture diets were served pureed Lasagna with a smaller, green-handled scoop.</p> <p>During an interview at 5:56 PM on 04/24/2024, the AM Cook said the green-handled scoop was a 3-ounce scoop (#10 scoop). The AM Cook said we use three ounces, the green-handled scoop, for our pureed meats. The AM Cook was asked to review the Pureed Diet's portion size on the Supper menu. The AM Cook read that the Pureed texture diets should have received a 6-ounce serving of Lasagna. The AM Cook thought for a moment and then said yes, that made sense because Lasagna was both the starch and the meat. The AM Cook additionally said we were just so used to using the green-handled scoop for our Pureed meat.</p> <p>At 6:00 PM on 04/24/2024, the Dietary Manager was asked the problem in giving a 3-ounce portion of pureed Lasagna to residents on Pureed texture diets. The Dietary Manager said those residents did not get a full serving of Lasagna, they only got half of a serving.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On Thursday, 04/25/2024 at 5:20 PM, the resident tray line for Supper was observed. The PM Cook was serving hot foods on the tray line. Hot dogs were the entree for the evening meal. One [NAME] on a bun was being served for the Regular consistency diets. The chopped [NAME] was portioned with a green-handled scoop and placed on a bun for the Mechanical Soft diets. The pureed [NAME] was portioned with a green-handled scoop and placed on the plate alongside a 2-ounce scoop of pureed bread for the Pureed diets. Twice the Cook was observed not completely filling the green-handled scoop with pureed [NAME].</p> <p>At 5:50 PM on 04/25/2024, a [NAME] was weighed on the food scale by the PM Baker. One [NAME] weighed just over 1.5 ounces.</p> <p>At 5:55 PM on 04/25/2024, the PM Cook was asked how many hot dogs were to be served on the Regular diets. The PM Cook said one [NAME] and one bun. The PM Cook was asked to verify the size of the green-handled scoop. Upon inspection, the green-handled scoop was shown to be a #12 scoop, not a #10.</p> <p>At 6:00 PM on 04/25/2024, the Scoop Chart posted on the kitchen wall was referenced. According to the chart, a #12 scoop size is equivalent to 3/8 cup or 2.65 ounces. If the green-handled scoop had actually been a #10 scoop, it would have yielded 1/3 cup or 3 ounces; but as it was a #12 scoop, it served less.</p> <p>On 04/25/2024 at 6:30 PM, the Dietary Manager was interviewed. The Dietary Manager said two [NAME] and two buns should have been served since one [NAME] only weighed 1.5 ounces and the menu called for a 3-ounce portion plus bun. The Dietary Manager also said the chopped [NAME] and the pureed [NAME] were served in portions less than the 3 ounces called for by the menu since a #12 scoop was used. The Dietary Manager further said the residents were not getting enough protein and that she needed to buy some #10 scoops. When asked about the 5 ounces of pureed hot dog listed on the Pureed diet menu, the Dietary Manager said she had to assume that 3 ounces should be pureed [NAME] and 2 ounces should be pureed bread.</p> <p>On 04/25/2024 at 7:05 PM, the Registered Dietitian (RD) was interviewed by phone. The RD was asked if one [NAME] and one bun were enough since one [NAME] weighed 1.5 ounces. The RD said the resident should get two hot dogs, The RD further said the residents receiving Regular texture diets were not getting all the calories as indicated by the menu. The RD also said that since the chopped [NAME] and the pureed [NAME] were served with a #12 scoop (2.65 ounces), the residents on the Mechanical Soft and Pureed textured diets were not getting enough calories. When asked about the 5 ounces of pureed hot dog listed on the Pureed diet menu, the RD said she had to assume that 3 ounces should be pureed [NAME] and 2 ounces should be pureed bread. The RD was asked about the pureed Lasagna served with a green-handled #12 scoop (2.65 ounces) on 04/24/2024 instead of the 6-ounce portion per the menu. The RD said the residents were not being given all the calories or nutrients in a #12 scoop portion.</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21055</p> <p>Based on observations, interview and record review, the facility failed to ensure Resident Identifier (RI) #15 received whole milk at each meal as ordered by the physician.</p> <p>This deficient practice was observed on 04/24/2024 at the dinner meal and on 04/25/2025 at the lunch meal; and affected RI #15, one of three sampled residents observed during mealtime.</p> <p>Findings include:</p> <p>During a food inventory of the facility's kitchen stock with the Dietary Manager on 04/24/2024 between 12:23 PM and 1:00 PM, one and one-third gallons of whole milk were observed in the Walk-in Cooler. When it was observed there were no individual cartons of whole milk, the Dietary Manager said the facility's food vendor could not currently provide individual cartons of whole milk due to a packaging problem.</p> <p>RI #15 was originally admitted to the facility on [DATE] and readmitted on [DATE] with Vitamin B and Vitamin D Deficiencies.</p> <p>RI #15's April 2024 Medication Review Report (Physician Orders) revealed under Dietary - Diet, RI #15 was to receive Whole Milk with ALL Meals.</p> <p>A review of RI #15's Tray Cards also revealed RI #15 had Instructions to receive Whole Milk with each meal.</p> <p>On 04/24/2024 at 6:00 PM, RI #15 was served the supper meal. RI #15 was served two fried chicken strips, fortified potatoes, tater tots, a cup of butterscotch pudding and two 240 cc (cubic centimeters) glasses of tea. RI #15 was not served whole milk at this time.</p> <p>On 04/25/2024 at 12:00 noon, RI #15 was served the lunch meal. Again RI #15 was not served whole milk with the meal.</p> <p>20304</p> <p>During an interview on 04/25/2024 at 12:30 PM, the Administrator was asked if she knew the facility's food vendor was not providing individual cartons of whole milk. The Administrator said we have whole milk in the building, we just bought some this week from the store. The Administrator further said whole milk could be poured and served to the residents.</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/25/2024 at 6:30 PM, the Dietary Manager was asked if whole milk was available in the facility for residents. The Dietary Manager said yes. The Dietary Manager further said the whole milk was in gallon containers, but not in individual 8-ounce cartons. When asked if whole milk was available in the facility yesterday and today (04/24/2024 and 04/25/2024), the Dietary Manager said yes. The Dietary Manager said it would be written on the resident's meal ticket if a resident had instructions to receive whole milk at each meal. The Dietary Manager further said the Dietary staff knew to pour the whole milk into 8-ounce clear cups or 8-ounce Styrofoam cups as needed. When asked if a resident was not receiving whole milk as ordered, would physician orders be being followed; the Dietary Manager said no. The Dietary Manager was asked why RI #15 did not receive whole milk at supper on 04/24/2024 and lunch on 04/25/2024. The Dietary Manager said normally, individual 8-ounce cartons of whole milk would go in the insulated cooler that is taken to the floor with the meal cart and the Dietary staff probably did not think of pouring it into cups. The Dietary Manager further said today she had to instruct the Dietary staff to pour whole milk into cups.</p> <p>On 04/25/2024 at 7:05 PM, the Registered Dietitian (RD) was interviewed by phone. The RD was asked if a resident was not receiving whole milk as ordered, would physician orders be being followed. The RD said the doctor's orders would not have been followed. The RD further said the resident would not be receiving the intervention as ordered by the physician.</p>

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21055</p> <p>Based on interviews, record review, review of the Job Description of the Administrator and review of the facility's Abuse Policy, the facility's Administrator failed to provide oversight to ensure the facility's abuse policies were implemented, including reporting suspected abuse, investigating documented allegations of abuse, and implementing protective measures for residents.</p> <p>Facility staff documented occurrences of potential abuse in Resident Identifier (RI)#13's medical record beginning 01/03/2024 through 01/12/2024; however, there was no evidence the occurrences were reported, investigated or that protective measures for residents were implemented.</p> <p>Further when the Administrator became aware that two cognitively impaired residents had a need to be assessed for their capacity to consent to sexual contact, the Administrator made a decision of the residents' capacity to consent without a policy and procedure in place to ensure the assessment was completed accurately and interpreted to make an accurate determination of the residents' capacity to consent that was ethical and without conflict of interest. Based on the Administrator's determination that the residents were in a consensual relationship, the incident was not reported or investigated, and no protective measures were implemented.</p> <p>It was determined the facility's non-compliance with one or more requirements of participation had caused, or was likely to cause, serious injury, harm, impairment, or serious psychosocial harm to residents. The Immediate Jeopardy (IJ) was related to State Operations Manual, Appendix PP, 483.70 Administration at a scope and severity of K.</p> <p>On 05/01/2024 at 8:45 PM, the Director of Nursing (DON) and the Regional Director of Health Services (RDHS) were provided a copy of the Immediate Jeopardy (IJ) template and notified of the finding of immediate jeopardy; F 835- Administration.</p> <p>The IJ began on 01/03/2024 and continued until 05/02/2024 when the survey team verified onsite that corrective actions had been implemented. On 05/02/2024 the immediate jeopardy was removed, F 835 was lowered to the lower severity of no actual harm with a potential for more than minimal harm that was not immediate jeopardy, to allow the facility time to monitor and/or revise their corrective actions as necessary to achieve substantial compliance.</p> <p>These failures of the Administrator had the potential to affect all residents residing in the facility.</p> <p>This deficiency was cited as the result of the investigation of complaint/report number AL00046795.</p> <p>Findings include:</p> <p>Cross-Reference F 600, F 607, F 609 and F 610.</p> <p>Review of the Administrator's Job Description, with a revised date of 10/2023, revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Administrator</p> <p>Job Description-Administrative Services</p> <p>General Purpose:</p> <p>To oversee the daily operations of the facility, adhering to federal, state, and local standards for long-term care facilities. Our goal is to consistently provide the highest quality of care to our residents .</p> <p>Essential Job Functions:</p> <p>A. Administrative Functions</p> <p>Duties: . ensure that each resident receives the necessary nursing, medical and psychological service to attain and maintain the highest possible mental and physical function status . ensure compliance with all facility policies and procedures .</p> <p>Review of the facility's abuse policy titled, Abuse, Neglect, Misappropriation of Resident Property, Suspicious Injuries of Unknown Source, Exploitation, with an effective date of 07/26/2023, revealed the following:</p> <p>. PURPOSE:</p> <p>This policy is concerned with all incidents . involving residents. The facility will investigate and document all incidents . involving residents. Certain incidents . involving residents must also be reported to the appropriate state agencies. All of our residents have the right to be free from abuse .</p> <p>The investigation protocol for incidents . is set forth in Section VI of this Policy .</p> <p>For purpose of this Policy, the following terms shall have the following meanings:</p> <p>A. Abuse. The definition of abuse encompasses a broad scope of behavior . Any act considered abusive towards an alert oriented resident should also be considered abusive to the cognitively impaired or nonresponsive .</p> <p>The following are definitions of specific types of abuse: .</p> <p>1. Verbal- Verbal abuse is the use of oral, written or gestured communication or sounds that include disparaging and derogatory terms to residents .</p> <p>2. Sexual- Sexual abuse, is a non-consensual sexual contact of any type with a resident . Any sexual contact between residents if one or both lacks ability to consent .</p> <p>Sexual contact can include touching of breasts, genitalia, groin, inner thighs .</p> <p>IV. Identification of Resident Incidents .</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>a) The facility's employees, its residents, and the residents families and visitors may become aware of resident incidents . The facility will investigate all incidents or allegations regardless of how the facility became aware of the incident or the source of the allegation .</p> <p>VI.</p> <p>d) Each employee has an obligation to immediately report any incident or allegation that could constitute an instance of abuse . to the Administrator, Director of Nursing, or the supervisor. If the report is made to the DON or the supervisor, that individual will notify the Administrator immediately. The employee should follow-up with the supervisor to confirm it has been addressed .</p> <p>Immediately means as soon as possible. All residents should be protected at the moment that any of the above is suspected or witnessed from the alleged perpetrator, by whatever reasonable means is necessary. Any staff member that witnessed, suspect, or that is reported to, are personally obligated to initiate protection and report to supervisor immediately.</p> <p>V. Protection of Residents during the investigation</p> <p>a) The facility will take all reasonable measures to protect a resident during an investigation of abuse .</p> <p>VI. Investigations and Facility Response to Incidents .</p> <p>a) The facility will report all instances of alleged or suspected abuse . in the following manner:</p> <p>b) Investigation and Reporting Steps</p> <p>Notify the Administrator of any unusual situation in the facility, whether reportable or not immediately.</p> <p>The Administrator/designee in administrator absence will report to the State Agency and all other required agencies, per regulations. All allegations of abuse . must be reported within 2 hours .</p> <p>Immediately consider and put into place interventions to protect the resident(s) involved .</p> <p>The Administrator is responsible for conducting a thorough investigation and obtaining witness statements.</p> <p>A complete and thorough investigation must be conducted on all incidents . whether reportable or not . to determine the cause of the . incident .</p> <p>RI #19 was admitted to the facility on [DATE] and readmitted to the facility 01/10/2024 with a diagnosis of Dementia with Behavior Disturbance.</p> <p>RI #19's Quarterly MDS assessment with an ARD of 11/27/2023 indicated that RI #19 had BIMS of 04 of 15 which indicated severely impaired cognition.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>RI #13 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses to include Cognitive Communication Deficit, Vascular Dementia and Anxiety Disorder.</p> <p>RI #13's Significant Change MDS with an ARD of 12/16/2023 noted RI #13's BIMS score was 08/15 which indicated moderate cognitive impairment.</p> <p>On 04/26/2024 at 10:47 AM, an interview was conducted with the DON. When asked was the incident reported to her when RI #13 touched RI #19 inappropriately, the DON said no; and it should have been. The DON said she should have been notified so she could have put interventions in place and informed the correct people. The DON said the inappropriate touching of a female resident was sexual abuse and should be reported to the State Agency. When asked, when were cases of abuse to be reported to the State Agency, the DON said within two hours.</p> <p>On 04/26/2024 at 1:44 PM, an interview was conducted with the Social Service Director (SSD). The SSD said the incident involving RI #13 touching RI #19 inappropriately could be viewed as sexual or possible verbal abuse. The SSD said abuse should be reported to the ADM so she could report it to the State Agency and the ADM could start an investigation. The SSD said the timeframe for reporting abuse was two hours.</p> <p>On 04/27/2024 at 1:22 PM, an interview was conducted with the ADM.</p> <p>The ADM said all types of allegations of abuse require investigations; and the incident involving RI #13 and RI #19 on 01/08/2023 would have prompted an investigation. The ADM said according to the facility's abuse policy staff were to report abuse to the ADM within two hours; and the timeframe for reporting abuse to the State Agency was within two hours.</p> <p>On 04/27/2024 at 1:22 PM, an interview was conducted with the ADM. The ADM said she did not think immediate safety measures to protect RI #13 were needed because RI #13 and RI #19 had a consensual relationship. The ADM also said she did not complete an investigation because the residents were both consenting. When asked what was the cognition of RI #13 and RI #19, the AMD said they both had diagnosis of Dementia.</p> <p>On 04/28/2024 at 4:13 PM, an interview was conducted with the RDHS. When asked how were incidents communicated or reported, the RDHS said the process was to daily review the Progress Notes at the morning meetings. The RDHS said this would have prompted the facility to complete an investigation. The RDHS said it would be important for the administrative staff to be aware of incidents so investigations could be completed and followed-up on.</p> <p>On 04/29/2024 at 12:39 PM, an interview was conducted with the VPO. The VPO said to his knowledge the ADM and the DON were in charge of completing investigations at the facility. The VPO said according to his review of the 01/03/2023 and 01/04/2023 incidents involving RI #13, an investigation should have been completed to include which residents RI #13 had made comments. The VPO said the facility could have done a better job in looking into the incidents.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 05/15/2024 at 3:00 PM an interview was conducted with RI #19's Representative (REP). RI #19's REP said it would not have been OK with her for the residents to be in each other's room because RI #19 would not have been aware of the ramifications of her decisions. RI #19's REP said RI #19 had been unable to make decisions for himself/herself since November. She added that it was OK if the two were together but would not be OK for them to be in a room together without supervision.</p> <p>*****</p> <p>On 05/02/2024 at 6:30 PM, the facility submitted an acceptable removal plan, which documented:</p> <p>F835 Removal Plan 5/1/24</p> <p>1. Immediate action(s) taken for the resident(s) found to have been potentially affected include:</p> <p>A. The facility's Administrator failed to ensure the facility's Abuse policies were implemented, including reporting, protection, and investigation of abuse allegations or suspected abuse. On 1/11/24, the facility Administrator conducted an assessment without a policy supporting the ability to conduct a consent assessment and made the decision of RI #13 and RI#19 capacity to consent.</p> <p>B. VP of Operations and Regional Nurse Consultant provided 1:1 in-service education to Administrator and DON regarding reporting abuse and investigating. This was completed on 4/25/24.</p> <p>C. The Administrator was in-serviced on revised Abuse Policy on 5/1/24 to include when any resident expresses the desire to engage in sexual activity. Refer to the supplemental questions for determination of capacity related to sexual decisions. This will be completed by the Administrator and Director of Nursing. If it is determined that residents have the capacity to consent it will be referred to the facility Medical Director and member of the ethics committee for final determination. This final determination will be documented in the medical record.</p> <p>2. Identification of other residents having the potential to be affected:</p> <p>A. This had the potential to affect all residents. Progress notes on all residents from December 12, 2023, to April 26, 2024, were reviewed by the Regional Nurse Consultant, Clinical Nurse educator, and Case Manager to ensure that no sexual abuse allegations have gone unreported. No incidents or issues noted in these notes. This review of progress notes were completed on 4/26/24.</p> <p>B. No other incidents regarding not reporting timely or investigating allegations of abuse were noted through the staff and resident interviews conducted 4/26/24.</p> <p>3. Actions taken/systems to be put into place to reduce the risk of future occurrences include:</p> <p>A. Corporate QAPI completed on 4/25/24 to ensure that 1 member of the corporate team, either the Executive VP, VP of operations, or Nurse Consultant will be in the facility 4 days a week x 4 weeks, then 3 times a week x 4 weeks to ensure operational and clinical meetings are being held and to provide oversight of Administrator's management practices (to include abuse reporting, investigating allegations of abuse).</p> <p>Facility requests for IJ removal plan to be effective on 5/1/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Falkville Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10 West 3rd Street Falkville, AL 35622	

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>This plan was written by VP of Operations, Director of Health Services, Clinical Nurse Educator, Executive VP of Operations.</p> <p>*****</p> <p>After review of the information provided in the facility's Removal Plan, in-service/education records, as well as staff interviews, and observations, the survey team determined the facility implemented the immediate corrective actions as of 05/01/2024.</p>